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ABSTRACT

Examined were attitudes toward death and death education, as well as the effects of death education, among 144 Catholic students from two high schools. An Attitudes Toward Death Scale was utilized in examining several hypotheses relating to death and death education. Significant results revealed that: (1) Catholic high school students had a favorable attitude toward death; (2) attitudes toward death were more favorable in students who had taken a course in death education than in those who had not had similar coursework; and (3) students were in favor of death education. It was recommended that the need for death education should be examined in high schools and that death should be treated by teachers in regular courses along with the development of multidisciplinary courses in death education. Future research and emphasis upon death education in additional settings is also suggested. (Author/KA)

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A COURSE IN DEATH EDUCATION AS A FACTOR IN INFLUENCING ATTITUDES TOWARD DEATH OF JUNIORS ENROLLED IN A PAROCHIAL HIGH SCHOOL

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CHARLES R. MOJOCK

A thesis presented to the Faculty of the College of Liberal Arts in partial fulfillment of the degree of Master of Arts

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This thesis by Charles R. Mojock is approved as meeting the research requirement of the Department of Education for the degree Master of Arts.

by

R B Rowland

Professor of Educational Philosophy

George Head

Professor of Counselor Education

Accepted for the Graduate Council

G. Robert Hof

Chairman

Date: December 9, 1977

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CHAPTER I

INTRODUCTION TO THE PROBLEM

Ten years ago teaching children about death would have evoked as much indignation from parents and caused as much consternation in administrators as would teaching children about sex. Possibly even more. Educators were so preoccupied dismantling the fortress of secrecy surrounding sex, however, that they were ignoring the equally formidable structure shrouding death. Eros emerged into the light and was welcomed into the most prestigious of schools. Thanatos, his brooding brother, was denied admission and remained in the dark.

As the sexual revolution became passe', bold, ever-curious researchers stumbled upon Thanatos and uncovered a find as rich as any pharaoh's tomb. Pioneers such as Herman Feifel, Earl Grollman, and Elisabeth Kubler-Ross forged ahead in their explorations. Feifel, convinced of the significance of his find, argued passionately that psychologists and educators needed to attend to the subject of death. In his plea to them he said:

> We pay extensively for the taboo we affix to the subject of death. Closer psychological familiarity with death is called for in our develop-

> mental upbringing and culture. Our socially repressive outlook encourages neurotic anxieties about death. . . . Energies now bound up in the continuing effort to shelve and repress the concept of death would be available to us for more creative aspects of living. . . . One's philosophy of life and death lies at the nexus of meaning, value and personality.[1]

Stirred by such a challenge, educators are beginning to experiment with death education. Courses such as "Death Education and Suicidal Behavior" at the University of Maryland, and other similar ones that have been incorporated into the curriculum at many American colleges, exemplify the attempts of educators to address the need.

However, in reviewing the literature, virtually nothing is found on the subject of death education in the secondary schools. Christine Fontenot, an English teacher who included a unit on "Death in Literature" in her senior English class, expresses the hesitancy of high school teachers to confront the issue:

> It struck me as something of a revelation that time and again we had circled death's camp but had not ventured in.[2]

In an informal survey of her students after complet-

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[1]Herman Feifel, "Attitudes Toward Death," Journal of Consulting and Clinical Psychology, (June, 1969), pp. 294-5.

[2]Christine Fontenot, "The Subject Nobody Teaches," The English Journal, (February, 1974), p. 62.

ing the unit, she found that ninety-four of ninety-six felt that it was a worthwhile, meaningful and helpful experience; and ninety-three believed that the study of death made life seem more precious and meaningful.

Are Fontenot's students exceptional? Or, do most high school students also feel that death education is something they want and need? What do they think about death? Are they prepared to deal with death forthrightly? Can a course in death education on the secondary school level help them to develop more positive and healthy attitudes about death and dying? These questions have prompted this investigation.

Statement of the Problem

The purpose of this study is to compare the attitudes toward death and death education of two groups of juniors enrolled in similar Roman Catholic parochial high schools. The experimental group completed a six-week course in death education. The control group did not have this type of course.

The method to be used in the solution of this problem will require solving the following sub-problems:

1. Selecting two high schools of similar population, with regard to type, size, geographic

location and socio-economic class.

2. Establishing the validity of the selected instrument to measure attitudes toward death of the defined population.
3. Administering the instrument.
4. Organizing the data.
5. Analyzing the data yielded by sub-problem #4.

Definition of Terms

Death is the total and irrevocable cessation of vital functions.

Dying is the inevitable process of all life which ends in death and which may take a very brief or a very great amount of time.

Mourning is the act, expression, or symbolization of grief concerning a death, or in anticipation of an expected death.

Bereavement is a feeling of deprivation or loss occasioned by a death.

Grief is an emotional response of deep distress or sorrow caused by bereavement.

Terminal is that phase of an illness or disease where the end is anticipated within a short time.

Thanatology is the scientific and humanistic investigation of the processes of death, mourning and bereavement.

High School X is a co-educational private parochial high school under the auspices of the Roman Catholic diocese of Orlando, Florida, which offers a six-week course in death education to all junior year students as part of the Theology curriculum.

High School Y is a co-educational private parochial high school under the auspices of the Roman Catholic diocese of Orlando, Florida, which does not offer any specific course in death education.

Favorable Attitude Toward Death is an attitude rated 3.0 or better on the Attitude Toward Death Scale developed by Dale V. Hardt, which indicates that the respondent can think about death without difficulty.

Unfavorable Attitude Toward Death is an attitude rated 1.1 to 2.9 on the Hardt scale, which indicates that the respondent has difficulty thinking about death.

Delimitations

The sample is limited to the juniors enrolled in two Roman Catholic high schools in central Florida during the 1976-1977 academic year.

The attitudes toward death and dying are limited to the physical fact of the total and irrevocable cessation of vital functions. The legal and philosophical controversy surrounding the definition of death is not included.

Death education is limited to the type of course outlined in Appendix C of this study. It is not a course of study of death per se. Rather, death, as it affects the living, is examined from a religious, philosophical and psychological perspective.

The review of the literature is limited to writings on Western attitudes toward death that have been published in the last ten years.

Basic Assumptions

1. In the face of death, the meaning of life is more dramatically revealed.

2. Man's fate after death is unknown and there is a general cultural avoidance of the topic of death. Therefore, the thought of death causes some anxiety for most Americans.

3. Honest and thoughtful discussion of death can lessen the fear of death and enhance one's enjoyment of living.

4. Because children in America are sheltered from death, teen-agers' experience with death is limited, and they are seldom given the opportunity to consider death seriously.

5. Juniors in high school are capable of dealing realistically and honestly with questions about death and dying.

6. Juniors in high school have an implicit or explicit philosophy about life and death and will respond freely to questions pertaining to their attitudes toward death and certain factors related to it.

The Hypotheses

1. Two-thirds of the respondents will have attitudes toward death that are favorable, as indicated by their scores on the Attitude Toward Death Scale.
2. Based upon their scores on the Attitude Toward Death Scale, the students from High School X will have more favorable attitudes than the students from High School Y.
3. There will be a statistically significant difference between: (a) the scores on the Attitude Toward Death Scale of the students from High

School X whose attitudes were influenced by their religion course and who favored death education; and (b) the rest of the students at High School X.

4. Two-thirds of the respondents will be in favor of having death education taught in the high schools.

The Significance of the Problem

There is a story about a preacher who solemnly proclaimed to his congregation, "Everyone who belongs to this church is going to die someday." The congregation fell silent except for one man sitting in the front row. He broke out laughing. The preacher gave him a stern look and repeated, "Everyone who belongs to this church is going to die someday!" The man laughed again and replied, "I know, but I don't belong to this church!"

In a way, this anecdote reflects the attitude of many people. Death is something that happens to other people. Old people die; sick people die; other people are killed in accidents. Man is loathe to admit that he, too, is mortal. Yet, death is a part of life. He may avoid it, but ultimately, he cannot escape it.

There is increasing evidence that man's attitude

toward death is significantly related to his attitude toward life itself, as well as his attitude toward dying persons. Donald J. Moore suggests:

> We fail to face death openly and this results in a shallow, superficial view of life. . . . If we can face our own finiteness, and not regard it as such a horrible nightmare; if we can confront our own death, then we can be of real help to the dying person also.[3]

Death is the horizon which places the possibilities of life in perspective. The importance of each moment of life, and each choice that is made, is realized and life becomes more precious when man faces his finitude. Further, he is more capable of helping the loved one who is dying, if he can view death realistically.

Still more evidence of the importance of man's attitude toward death is being provided by psychological research. Mervyn Shoor and Mary Speed investigated the extreme delinquent behavior of fourteen adolescents in the care of a juvenile probation department in California.[4] In each case, there had been a recent death of a close family member. Prior to the time of the death, none of

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[3]Donald J. Moore, "The Final and Grandest Act," America, (September 27, 1975), p. 166.

[4]Mervyn Shoor and Mary Speed, "Delinquency as a Manifestation of the Mourning Process," Psychiatric Quarterly, 37 (1963), pp. 540-558.

the children had exemplified any such behavioral problem. Acting on the premise that the children were acting out their grief, Shoor and Speed were able to effect a return to more normal behavioral processes by providing grief therapy.

A study by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) indicated that the causes of alcoholism can often be traced to unresolved grief in childhood.[5] Helping the patients cope with grief held the key to the recovery of many alcoholics. Herbert J. Barry, Jr., in his study of commitment to mental hospitals, concluded that maternal bereavement before the age of eight can well be a sensitizing factor in the development of psychoneurotic illness.[6]

These studies, and others like them, cause one to wonder just how many people are suffering great psychic distress because they have never been taught how to cope with death and grief. How many young boys, admonished

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[5]"Coping with Grief Held Key to Some Patients Recovery," NIAAA Information and Feature Service, July 14, 1974.

[6]Herbert J. Barry, Jr. "Significance of Maternal Bereavement Before the Age of Eight in Psychiatric Patients," Archives of Neurological Psychiatry. 62 (1949), pp. 630-637.

that "Big boys don't cry," carry the pain of unresolved grief throughout their lives? These studies sharply illuminate the significance of our attitudes toward death. This thesis, by examining the attitudes toward death of high school students, can contribute to our awareness of potential problems in the mental health of the students. With suicide now the third leading cause of death among the fifteen to twenty-four year old age group,[7] such an awareness assumes critical importance. An assessment of the attitudes toward death of the students in a school can assist administrators and faculty in determining the need for programs in death education that cover such topics as bereavement, grief, mourning, funeral rites, burial customs, suicide and euthanasia. It can also help to determine the type of program or course most suitable to their student's needs.

As previously mentioned, a number of colleges and universities have recently introduced death education and thanatology courses into the curriculum. At the University of Maryland, Health L 76, known as "Death Education and Suicidal Behavior," is the second most popular

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[7]Mary Montgomery, Death: End of the Beginning? (Minneapolis, Minn: Winston Press, 1972), p. 29.

course on the campus. David Leviton, originator and professor of the course, has been one of the leading proponents of death education. He contends that schools have an obligation to provide death education if they are to meet their responsibility for the health and well-being of the students. Leviton asserts:

> The need for formal and informal education enabling people of all ages to cope with death and suicide is beooming increasingly evident. . . . Surely helping people come to terms with their eventual death, helping them to cope with the death of their loved ones and their own death fears, and the prevention of suicide, are legitimate health education concerns.[8]

In the face of criticism that doctors, too, are reticent to deal directly with their patients who are dying, some medical schools across the country have responded with death education courses. These schools now have courses designed to help the aspiring physicians deal with the needs of a dying patient. For professionals in medicine, nursing, religion and social work, who are also in need of such help, the Equinox Institute in Boston provides seminars on "Death, Dying and Bereavement."

The courses and seminars mentioned above have been

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[8]David Leviton, "Education for Death," Journal of Health, Physical Education and Recreation, 40 (1969), p. 46.

well received. Those involved in death education feel that they have been successful. However, in reviewing the literature and research on death education, very little has been written about the effect of death education courses, especially on the high school level. This thesis, by comparing the attitudes toward death of students who have taken a death education course, with the attitudes toward death of students who have not had such a course, may give some indication of the effect such a course can have. If the attitudes of the students who have taken the course are more favorable, this may provide the impetus for further research on the subject.

Birth, life, and death are components in the inevitable sequence of man's existence on earth. In recent years, men have begun to brave the taboos surrounding death and have explored its frontiers. Through continued questioning and searching, death can become less terrifying, and life more satisfying. This study was undertaken with the belief that if death can be faced honestly, and examined realistically, men will be able to face each new dawn with hope for, rather than fear of, tomorrow.

Incidence of the Problem

A comment discovered at the end of one of the questionnaires used for the study prompted much reflection by this investigator. The respondent inquired, "I'd like to know -- why would anyone want to study a morbid subject like death?".

Upon reflection it became apparent to me that I had been pursuing the shadowy figure of death since my father died in December, 1970. By retracing the steps that led to this research, the trail becomes clear: A short story written in 1972, about a college freshman contemplating suicide; an analysis written in 1973 of John Milton's pastoral elegy "Lycidas"; and numerous college courses in the philosophy of Heideggar, Sartre, Camus, as well as other existential writers left deep impressions and sharpened my need for understanding. After college I taught two six-week courses in death education at Father Lopez High School, Daytona Beach, Florida. Finally, in 1976 I wrote a paper on Death Education in a graduate course at Stetson University.

Where has my continued interest in death led? Has my journey with death and grappling with the meaning of death enabled me to cope creatively with the grief

of sudden bereavement? My answer is yes. The mystery of life has been more clearly discerned because I have become more appreciative of the precious gift of life and more sensitive to others in their time of bereavement. My studies have convinced me that every one needs to give more thought to death, because death is the reality that cannot be ignored. It is the key for one to live life to the fullest. It is also the ultimate test of one's faith, for death brings into sharp focus the deeper meaning of life itself.

In view of its importance, research on attitudes toward death is essential to help to clarify and delineate present concepts of death held by youth who are usually shielded from any discussion of the subject. To heighten an awareness of the significance of death among high school students became a major objective of this investigation. If this study prompts consideration of death education as a suitable course in the high school curriculum, or if the findings assist the reader to formulate a personal philosophy to cope with the inescapable fact of death, it will have achieved an important goal. As the Buddha once said, "The way is all." The meaning of life is living. The meaning of research is discovering.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The literature on attitudes toward death and dying can be classified in two broad categories: the philosophical treatises, and the hard research. The taboo nature of death in our society is reflected in the relative paucity of hard research on the subject. Most of the literature available is of a philosophical and historical nature, dealing with subjective perceptions of man's attitudes toward death. Even this literature reflects the taboo on death. Excluding works in the field of religion, the vast majority of it has been written in the past ten to fifteen years.

Because of the valuable insights that the philosophical literature provides, and because of the lack of hard research on attitudes toward death, the literature is reviewed in section one of this chapter. The research is discussed in section two.

A Philosophical and Historical Overview of Attitudes Toward Death

Primitive Attitudes Toward Death

In reviewing the current literature on death, one sometimes gets the impression that the taboos surrounding death are a relatively recent phenomenon. According to Franz Borkenau, however, such is not the case.[1] From the evidence available, it seems that burial rites in primitive society were directed toward a two-fold purpose: to keep the dead alive, and to keep them away.[2] In other words, primitive man may not have feared death, but he feared the dead. The burial grounds of the American Indians, located in isolated areas and surrounded by dire warnings to the living to stay away from them, are an example of this primitive fear. Borkenau further contends that there was an underlying attitude of denial of death present in most tribal cultures, and that this attitude reflected primitive man's unconscious sense of immortality.[3]

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[1]Franz Borkenau, "The Concept of Death" in Death and Identity edited by Robert Fulton. (New York: John Wiley and Sons, Inc., 1965), p. 42.

[2]Ibid., p. 43.

[3]Ibid., p. 44.

Even such advanced cultures as the Egyptian and Hindu, show evidence of this death denying attitude in their burial customs.

In the Jewish culture, the law set down guidelines for the dying. Rabbi Zachary I. Heller explains that Jewish law allowed the dying person to set his house in order, bless his family, pass on any messages to them he felt were important, and make his peace with God.[4] These guidelines, when followed, provided a death with dignity and meaning for the dying person. Heller points to the peaceful death of Moses as the ideal. The Jewish culture, then, in Borkenau's terms, seemed to be more death accepting than death denying.[5]

The attitude toward death of early Christianity was more complex because it was a result of the merging of the Hellenistic view of the immortality of the soul with the Judaic belief of the resurrection of the body. Gregory of Nyssa helped to bridge this gap by accepting the immortality of the soul, and yet tying its destiny

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[4]Zachary I. Heller, "The Jewish View of Death: Guidelines for Dying." in Death: The Final Stage of Growth. edited by Elisabeth Kubler-Ross (Englewood Cliffs, N.J.: Prentice Hall, Inc., 1975), p. 38.

[5]Borkenau, p. 49.

to that of the body, with which the soul would be raised at the end of time.[6] Borkenau referred to Christianity as "death-denying" because the core of the Christian message was that Christ had conquered death by redeeming man from sin.[7] Reunion with Christ for eternity was and is seen as the Christian's ultimate destiny.

Attitudes Toward Death in the Middle Ages and the Renaissance.

Philippe Aries, in his work Western Attitudes Toward Death, refers to death in the Middle Ages as "tamed death."[8] Man lived his life close to nature, and he seemed to sense when death was near. The ritualistic preparation for death was established by the church and society. It was the dying person who presided over this preparation, which was a public ceremony attended by family (including children) neighbors, and friends.[9]

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[6]Patrick O'Daugherty, "A Study of the Attitudes of Public and Parochial High School Students Toward Death and Certain Factors Related to It," Master's Thesis, Stetson University, 1973, p. 19.

[7]Borkenau, p. 51.

[8]Philippe Aries, Western Attitudes Toward Death, trans. by Patricia M. Ranum (Baltimore: The Johns Hopkins University Press, 1974), p. 8.

[9]Ibid., p. 12.

It was a simple preparation reflecting their acceptance of death.

During this period the church graveyard became common. Aries explains that, in accordance with primitive customs, the early Christian martyrs were buried outside of the cities. Later, basilicas were erected on the site to honor the martyrs. In order to enhance their chance of gaining heaven, the people wanted to be buried near the martyrs.[10]

For the man in the Middle Ages, trusting in the church, death was seen as a peaceful rest until the Second Coming of Christ. There was no place for individual responsibility, or a counting of good and bad deeds.[11]

By the twelfth century, the belief in judgment at the end of life arose, with each man being "on trial" on his deathbed. His attitude at this time was crucial to his salvation. Thus, the "Artes moriendi", the proper manner of dying, became a matter of great concern.[12] In the fourteenth and fifteenth centuries, the relationship between death and the biography of each individual life

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[10] Ibid., p. 16.

[11] Ibid., p. 31.

[12] Ibid., p. 34.

became firmly fixed. The ritual solemnity of the deathbed scene, the final chapter of life, was necessary to provide an appropriate conclusion.[13] Even at this time, however, the dying person still presided over his death and was the center of activity. Aries asserts that death was the occasion when man was most able to reach an awareness of himself.[14]

Sometime during the period spanning the sixteenth to eighteenth centuries, Thanatos (Death) and Eros (Love) became associated in the motifs of art and literature. Aries explains that:

> Like the sexual act, death was henceforth increasingly thought of as a transgression which tears man from his daily life, from rational society, from monotonous work. . ., plunging him into an irrational, violent, and beautiful world.[15]

Up to this time, death had been familiar, but from this point on it was thought of as a break with the familiar, a leap into the fantastic and unknown. The deathbed scene was no longer a banal event, it was a spectacle; with the family wrought by grief and passionate sorrow at the separation. The mourning process which had

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[13] Ibid., p. 36.

[14] Ibid., p. 46.

[15] Ibid., p. 56.

been strictly ritualized, had set up definite limits within which the mourner was expected to remain.

By the eighteenth century, however, the mourner respected no such limits because death was seen as the gravest of wounds.[16] This custom continued and Aries contends that, in the nineteenth century, mourning had reached hysterical proportions. The death that was feared was no longer the death of the self, rather it was the death of another.[17] (italics added) These dramatic changes in man's attitude toward death, i.e., the wedding of Thanatos and Eros in the collective unconscious; and the fear of the loss of a loved one; set the stage for twentieth century man's repression of death.

Modern Attitudes Toward Death

Utilizing a philosophical-religious perspective, Toynbee also concludes that the thought of death is repressed, and is, in fact, considered "un-American."[18]

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[16] Ibid., p. 67.

[17] Ibid., p. 68.

[18] Arnold Toynbee, "Changing Attitudes Toward Death in the Modern Western World," in Man's Concern with Death. Edited by Arnold Toynbee, et al., (New York: McGraw-Hill Book Co., 1968), p. 131.

He points to the rise of science and unbelief; which began as a reaction to the scandals of Western religion in the seventeenth century, and gained added strength during the Industrial Revolution, as the cause of man's inability to cope with death.[19] The "physical conquest of non-human nature has been substituted for the spiritual conquest of himself as Western man's ideal paramount objective," says Toynbee.[20] Therefore, modern man seeks to escape death, through work and entertainment, because he cannot master it.

That death has become taboo for modern man is a truism. The taboo is reflected in our euphemisms for death. The deceased "exits", or "passes on". The "remains" are "laid to rest" in "memorial parks". Some have called ours a "death-free" society. As the Reverend Patrick J. O'Dougherty asserts, the propriety of society dictates that one does not talk of death in polite company,[21] so we do not discuss it. Over eighty per cent of all deaths occur in hospitals or nursing homes,[22] so we do not see it. Doctors

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[19] Ibid., p. 124.

[20] Ibid., p. 130-131.

[21] O'Dougherty, p. 7.

[22] Donald J. Moore, "The Final and Grandest Act," America (September 27, 1975), p. 168.

are reticent to tell their patients that they are dying; so we often do not even know it. American society's concerted effort to deny and flee from death has led Patrick J. Ryan to ask pointedly:

> Has a conspiracy of funeral directors, worshippers of youth and purveyors of violence as entertainment persuaded us that no one really dies?[23]

This conspiracy of silence is directed, not at comforting the dying person, but at easing the anxiety of the living. Death is no longer familiar. The dying person is rarely given the privilege of preparing for his death and presiding over the ritual ceremony at the deathbed. Instead, death often occurs in the shameful manner so eloquently described by Donald J. Moore:

> [In hospitals] the doctors and nurses are the masters of death. The dying patient is expected to pass out of life on tip-toe. And when death occurs in nursing homes, it is so often as if life just dribbled away.[24]

This tragic manner of dying, at one and the same time, reflects our inability to cope with death and reenforces it. Dying is stripped of any dignity. At times

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[23]Patrick J. Ryan, "Death on Three Continents," America (November 22, 1975), p. 348.

[24]Moore, p. 168.

it is seen as an embarrassment for the person and his family, and as a failure for the attending physician. The inability of persons in the medical and "helping professions" to face death is discussed at length by such authors as Straus and Glasser;[25] Kubler-Ross;[26] Reeves;[27] and Weisman.[28]

These authors agree that the professional's inability to cope with death vitiates his capacity to be of assistance to the dying person and render to him the dignity that the dying deserve.

Straus and Glasser, and Reeves point out that most medical education programs address only the technical aspects of patient care. The management of the emotional responses of patients to illness and death is covered briefly, if at all. Kubler-Ross, when she initiated her work, On Death and Dying, encountered resistance from

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[25]A. L. Straus and B. G. Glasser, "Awareness of Dying," in Loss and Grief: Psychological Management in Medical Practice, edited by Austin Kutscher, et al. (New York: Columbia University Press, 1970).

[26]Elisabeth Kubler-Ross, On Death and Dying. (New York: Macmillan Publishing Co., Inc., 1969).

[27]Robert B. Reeves, Jr., "Professionalism and Compassion in the Care of the Dying," Pastoral Psychology, 22 (November, 1971), pp. 7-14.

[28]Avery D. Weisman. On Dying and Denying. (New York: Behavioral Publications, Inc., 1972).

nine out of ten doctors she approached to request interviews with their terminally ill patients.[29] At one hospital, the staff even denied that there was anyone there who was fatally ill and still able to talk![30] Kubler-Ross found that nurses and members of the clergy were generally more willing than the doctors to talk to the terminally ill patient.[31] One of the more encouraging aspects of her experience, however, was that most of the doctors who were willing to talk calmly about cancer and death, were the very young in the profession.[32] One would hope that this indicates a changing attitude. Further evidence of the medical and helping professions attempts to improve their ability to cope with death effectively and sensitively will be provided in the section on death education.

Reeves asserts that professionalism, among doctors, nurses, clergy, and others in the helping professions, is used as a shield to protect them from being dragged down by the dying person.[33] Thus, the professional keeps

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[29]Kubler-Ross, p. 247.

[30]Ibid., p. 249.

[31]Ibid., p. 254.

[32]Ibid., p. 246.

[33]Reeves, p. 7.

his distance from the patient and interacts with him in an impersonal manner. Weisman is in agreement with Reeves on this point; and he goes even further by proposing that many doctors seem to have the misconception that preparation for death, and reconciliation with it, are impossible.[34] With this outlook, a physician can rationalize that informing the patient of the gravity of his situation will only cause depression and despair.

In reality, Kubler-Ross discovered that the opposite reaction usually occurred. She found that once the dying patient was allowed to talk about the seriousness of his condition, which he often already realized without being told, he was able to begin preparation for death. While it was no easy process for the dying person as he went through the "five stages of dying," i.e., denial; anger; bargaining; depression; and acceptance, he was at least given the opportunity to prepare himself for death and die with dignity. Further, most patients were relieved to finally have a chance to break out of the isolation imposed upon them by doctors and family members who were unwilling to face the issue of the patient's impending death.

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[34]Weisman, p. 31.

For Kubler-Ross, the question is not "Do we tell the patient he's dying?" but rather, "How do I share this with my patient?" In On Death and Dying she offers two guidelines to the doctor. First, he must be aware of his own attitude and ability to face terminal illness and death. Secondly, he must be aware of his patient's personality make-up; the defenses he uses; and his willingness to face reality.[35]

Attitudes Toward Death of Children, Adults, and the Aged

Thus far, the attitudes toward death and dying of the general culture, the medical and helping professions, and the terminally ill have been discussed. Attention will now be given briefly to the attitudes of children, adolescents, and the elderly. These attitudes have been the subject of hard research and thus will be discussed more completely in the section on related research.

Children, as Earl Grollman and others have shown, are indeed aware of death, and to shield them from it may do them emotional harm.[36] JoAnne Dobson, author of children's books, believes that children can handle

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[35]Kubler-Ross, p. 36.

[36]Earl Grollman. Explaining Death to Children. (Boston: Beacon Press, 1967), p. ix.

death because of their inherent sense of wonder.[37] She explains that children's books, such as Charlotte's Web, and The Yearling, can help parents teach the child to cope with death.

Such help from adults is essential for children because their concept of death causes them anxiety and fear. According to Charles W. Wahl, the child's early conception of death is that it is temporary and reversible.[38] In games like "cowboys and Indians", players are shot dead but quickly come to life again. Later, when the time sense is more fully developed, Wahl explains that "the child begins to learn that death is not reversible, and he then becomes frightened about his death wishes toward his ambivalently loved, significant persons."[39] If the parent is unable to help the child deal with his fears, or answer his questions about where people go when they die, the child's anxiety about death may increase.[40] Thus, in order

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[37]JoAnne Dobson, "Children, Death, and the Media," Counseling and Values, (April, 1977), p. 172.

[38]Charles W. Wahl, "The Fear of Death," in Death and Identity, edited by Robert Fulton (New York: John Wiley and Sons, Inc., 1965), p. 62.

[39]Ibid., p. 62.

[40]Ibid., p. 65.

for the child to develop in a healthy manner, he needs to be given an opportunity to understand death. Children's books, like the ones mentioned, and the death of a pet, are excellent ways to teach the child about death.

Before discussing the attitudes toward death of adolescents and adults, it is interesting to note that while there is a substantial body of literature on the attitudes toward death of children and the aged, there is relatively little written about those of adults and adolescents. It is these two groups that researchers need to address more directly in the future.

Brian P. Hall,[41] and Robert Kastenbaum[42] are two authors who have attempted a developmental approach to the issue of death concepts and attitudes. Kastenbaum explains that the adolescent typically projects his thought and feeling into the future, generally the proximate future.[43] It seems to the adolescent that death is so remote that it has no relevance to his own life. Death is

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[41]Brian P. Hall, "The Developing Consciousness of Dying," Counseling and Values (April, 1977), p. 146-159.

[42]Robert Kastenbaum, "The Foreshortened Life Perspective," in Understanding Death and Dying, edited by S. G. Wilcox and M. Sutton (Washington, D.C.: Alfred Publishing Co., 1977), pp. 135-148.

[43]Ibid., p. 140.

avoided, kidded about, and glossed over. However, Kastenbaum asserts that on a deeper level, adolescents are concerned about the meaning of death and the prospect of their own demise.[44]

In the adult years, one would assume a more mature perspective and attitude toward death. However, as Kastenbaum, Hall, and others suggest, an adult may be fixated on a child or adolescent level in terms of his attitude toward death, just as he may be fixated in other aspects of his development. Thus, the adult may be able to accept that he will grow old and die, or he may attempt to deny it.

For the elderly, the problem of their attitude toward death is particularly acute. In Erik Erikson's terms, the aged person is faced with the crisis of integrity; i.e., acceptance of his life cycle and the people who have become significant to him, versus despair, i.e., rejection of his life as being a meaningful one.[45] Depending on the resolution of this crisis, the elderly may either accept their proximity to death and make the most

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[44] Ibid., p. 141.

[45] Erik Erikson. Identity: Youth and Crisis. (New York: W. W. Norton and Co., Inc., 1968), p. 140.

of their allotted time; resign themselves to death's inevitability and wait for it passively; or actively look forward to death as a release from the boredom and suffering they are experiencing. Those who work with the elderly need to be sensitive to their position and not project onto them their own fears of growing old. With such help, the process of disengagement for the elderly will be facilitated, and their attitudes toward death will be made more favorable.

Death Education

One of the primary methods of changing attitudes is through education. This section will discuss some of the recent attempts at education on death and dying. Most of the courses and seminars presently being offered are directed toward college and medical students, and members of the helping professions. In the future, death education should be offered to people of all ages to help them cope creatively with death because it is an issue that confronts all people.

The growing acceptance of death education, and the concomitant increase in the availability of death education courses, is reflected in the literature. Books such as Death Education: Preparation for Living, edited

by Betty Green and Donald Irish, and Understanding Death and Dying, a text for a death education course, edited by Marilyn Sutton and Sandra Wilcox; special issues of professional journals, such as the Pastoral Psychology "Death and Death Education" issue in November of 1971; the Counseling and Values issue on "Death and Dying" in April of 1977; and The School Counselor issue on Death in May of 1977, are all indicative of this trend.

These works provide a rationale for death education, suggestions for initiating courses, outlines of material that should be covered, bibliographies on death and related topics, and suggestions for teachers. One point emphasized by all of the authors, is stated well by Robert Reeves. If the course is to be effective, he believes that first and foremost, "the teacher must be what he hopes the students will become."[46] The teacher of the death education course must examine his attitudes toward death, as well as his values and philosophy of life, if the course is to be anything more than a superficial treatment of the subject. The teacher can encourage open discussions of death only if he is comfortable with the subject himself.

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[46]Reeves, p. 13.

Who is teaching death education? Health educators, David Leviton and Dale V. Hardt; English teachers Christine Fontenot and Thelda Bevens; elementary school teacher, Theodora S. Russell; philosophy professor Florence M. Hetzler; social scientists Sandra G. Wilcox and Marilyn Sutton; and physicians Stacey B. Day and Elisabeth Kubler-Ross; as well as thanatologists, offer such courses.

The fact that educators in such diverse disciplines are teaching death education indicates the widespread need for such courses. David W. Berg provides further evidence for the need by demonstrating how death education meets three common criteria used in determining the suitability of courses for schools. He explains that:

1. It is a universal of human existence and a concern teenagers face as evidenced by teen suicides, abortions, and auto accidents.
2. The degree of interest generated is high. The typical respondent to the "You and Death" questionnaire in Psychology Today was in the 20 to 24 year-old age bracket.
3. The subject is often misunderstood, and there is a general lack of knowledge about it.[47]

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[47]David W. Berg. "Death Education in Today's Schools: A Rationale" in Communicating Issues in Thana-

Berg's sentiments are echoed by John W. McLure,[48] and Edwin J. Hart,[49] who argue for the inclusion of death education in the public school curriculum.

Some voices of caution have also been raised, however. McLure, while favoring death education, also examined the risks involved. He warns that teachers may be polarized on the issue with some greatly stimulated by the idea and other exhibiting extreme reservations; theological questions may arise; and adverse psychological reactions may occur which the teacher is not trained to handle.[50] Joanne Koch reports that the Barr/Harris center, which provides seminars on death and dying in the Chicago area, does not favor an intensive death education program for younger children.[51] They believe that it may arouse fears and anxieties in the children. Finally, Peter H. Beisheim warns that death education courses can

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tology, edited by Austin H. Kutscher, et al. (New York: MSS Information Corp., 1976) p. 248.

[48]John W. McLure, "Death Education," Phi Delta Kappan (March, 1974), p. 484.

[49]Edwin J. Hart, "Death Education and Mental Health," Journal of School Health, (September, 1976), p. 407.

[50]McLure, p. 85.

[51]Joanne Koch, "When Children Meet Death," Psychology Today, (August, 1977), p. 80.

be artificial and theoretical if there is no close relationship between the schools and the hospitals.[52]

In conclusion, while these authors express legitimate concerns, there is no indication that a well-planned and well-executed course in death education causes harm to students. However, proper planning, teacher-training, counseling and follow-up are all essential if one wishes to provide an effective course. With such safeguards as counseling, even if psychological conflicts or guilt feelings are aroused in the students, they can be adequately managed. While anxious parents and administrators should be approached with sensitivity and understanding, the potential benefits of death education are too great to allow them to bar it from the schools. Responsible educators, members of the helping professions, and concerned laymen, should band together to encourage the inclusion of death education in the high school curriculum. The fruit of such a concerted effort could well be the type of person that Kubler-Ross describes in the closing of her book, On Death and Dying:

> Those who have the strength and the love to sit with a dying patient in the silence that goes

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[52]Peter H. Beisheim, "Death Education: Yes, but...", in Communicating Issues in Thanatology, edited by Austin H. Kutscher, et al. (New York: MSS Information Corp., 1976), p. 246.

> beyond words (original italics) will know that this moment [death] is neither frightening nor painful, but a peaceful cessation of the functioning of the body. Watching a peaceful death of a human being reminds us of a falling star; one of the million lights in a vast sky that flares up for a brief moment only to disappear into the endless night forever. To be a therapist of the dying patient makes us aware of the uniqueness of each individual in this vast sea of humanity. It makes us aware of our finiteness, our limited lifespan. Few of us live beyond our three score and ten years and yet in that brief time most of us create and live a unique biography and weave ourselves into the fabric of human history.[53]

Current Research on Death and Dying

Until recently, research on attitudes toward death has been conspicuous by its absence. Charles W. Wahl, writing in the late 1950's, observed that thanatophobia (anxiety about death) had almost no description in the psychiatric or psychoanalytic literature.[54] As recently as 1969, Herman Feifel, a pioneer in research on death attitudes, issued a plea to psychological researchers urging them to investigate the subject of death more extensively.[55] Ten years earlier in 1959, Feifel had

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[53]Kubler-Ross, p. 276.

[54]Charles W. Wahl, "The Fear of Death," in Death and Identity, edited by Robert Fulton. (New York: John Wiley & Son, Inc., 1965), p. 58.

[55]Herman Feifel, "Attitudes Toward Death," Journal of Consulting and Clinical Psychology (June, 1969), p. 292.

edited The Meaning of Death. This book was the first attempt to pull together the available research on death. Death and Identity, edited by Robert Fulton and published in 1965, collated the research that had been done subsequent to the publication of The Meaning of Death. Unfortunately, there have been no further attempts at collating the research on the subject of death. This thesis, by reviewing the related research, will help to fill this void.

Although somewhat dated, the studies Feifel and Fulton collected are seminal works in the field. Therefore, some of the studies will be briefly discussed in this section on related research.

The research on attitudes toward death is categorized and presented in the following order: children; adolescents and young adults; and adults and the elderly. Then, the research on death education is presented.

Children's Attitudes Toward Death

Maria Nagy was one of the first researchers to systematically investigate the child's view of death.[56] The

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[56]Maria H. Nagy, "The Child's View of Death," in The Meaning of Death, edited by Herman Feifel. (New York: McGraw-Hill Co., 1959), p. 62-92.

subjects of her study were 378 children, aged three to ten, living in Budapest in 1948. From compositions and drawings on death done by the children, and subsequent discussions with the children about their work, Nagy discovered that there are definite modal developments in the child's thinking about death. She explains her results thusly:

(1) The child who is less than five years of age usually does not recognize death as an irreversible fact.

(2) Between the ages of five and nine, death is most often personified and thought of as a contingency.

(3) Only at the age of nine and later does he begin to view death as a process which happens to us according to certain laws.[57]

Helen Swain, who examined the concepts of death in 120 children in the Chicago area, obtained results similar to Nagy's.[58] Swain discovered that the variables of sex, level of parental education, and degree of religious

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[57] Ibid., pp. 80-81.

[58] Helen L. Swain, "The Concept of Death in Children," Ph.D. dissertation. Marquette University, 1975. Dissertation Abstracts International. August, 1976. p. 890-A.

influence in the family had no significant effect on the children's concepts of death. The age of the child, however, was a significant factor.

Alexander and Adlerstein[59] studied the affective responses to the concept of death in 108 males, ages 5-15 attending a summer camp. Most of the children were from low-income families. Based on data from three sources, the response times; galvanic skin responses; and response words of the subjects when presented with neutral stimulus words and death related stimulus words; the researchers concluded that all the children demonstrated increased emotional response to death related words. By measuring galvanic skin responses, this study showed that death is an emotion-laden subject for children, even though they may not be consciously aware of its significance.

Adolescents' and Young Adults' Attitudes Toward Death

Utilizing the method they employed when studying the children in summer camp, Alexander and Alderstein

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[59]Irving E. Alexander and Arthur M. Adlerstein, "Affective Responses to the Concept of Death in a Population of Children and Early Adolescents," in Death and Identity, edited by Robert Fulton. (New York: John Wiley & Sons, Inc., 1965), pp. 111-121.

examined male college students' affective involvement with the concept of death.[60] These subjects also exhibited greater emotional intensity when presented with death related words. From their results, Alexander and Adlerstein concluded that even for normal people who appear consciously indifferent to death, death can be a force that has a significant effect, especially on the less conscious level.

David Lester, presently one of the foremost researchers in the field of attitudes toward death, has extensively studied the fear of death in college students. In 1969, Lester and Collett devised and validated a scale to measure fear of death.[61] They distinguished four fears: fear of death of self; fear of death of others; fear of the dying of self; and fear of the dying of others. The scale, first used to study female college students in Oregon, was comprised of thirty-eight statements concerning the four fears. It was a six point scale; strongly

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[60]Irving E. Alexander and Arthur M. Adlerstein, "Is Death a Matter of Indifference," in Death and Identity, edited by Robert Fulton. (New York: John Wiley & Sons, Inc., 1965), pp. 82-89.

[61]David Lester and Lora J. Collett, "The Fear of Death and the Fear of Dying," The Journal of Psychology, (July 1969), pp. 179-81.

agree was rated "+3"; and strongly disagree was rated "-3". In the initial study, the subjects showed a significantly higher fear of death than of dying.

In 1970, Lester studied twenty females enrolled at the State University of Buffalo in order to determine the relationship between the fear of death in the students and fear of death in their parents.[62] Lester found that the students had a significantly greater fear of death of self than did their mothers. The Spearman Rank Correlation showed a correlation between the daughters' fears and those of their fathers. This study, and a related one done by Lester in which he found that sons resemble their parents more in fear of death as they move through adolescence,[63] underscore the significance of parental attitudes in the formation of the child's attitude toward death. If the parent is fearful, it seems that the child is more likely to be fearful as well.

In 1972, Lester studied the effects of age and

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[62]David Lester, "The Relationship of Fear of Death in Subjects to Fear of Death in Their Parents," Psychological Record, (Fall, 1970), p. 541.

[63]David Lester and Donald Templer, "Resemblance of Parent-Child Death Anxiety as a Function of Age and Sex of Child," Psychological Reports,(December 1972), p. 720.

sex differences on the fear of death.[64] The subjects were forty-six students in a psychology class at an Eastern college. The subjects' ages ranged from seventeen to fifty. Using the Collett-Lester fear of death scale, Lester found no correlation between age and fears of death. However, females had significantly greater fear of the death of self and others than did males.

The Reverend Patrick J. O'Doherty studied the attitudes of death of public and parochial high school students in 1972.[65] Using a modified form of the questionnaire "You and Death" which was devised by Edwin Shneidman for the Psychology Today study, O'Doherty concluded that the majority of the two groups had fatalistic attitudes toward death; were influenced by religion in forming their attitudes toward death; believed in after life, but not in reincarnation; thought of death occasionally; hoped they would die in old age; and hoped that their image would survive them. Furthermore, O'Doherty discovered that one out of twelve students in the sample, had attempted suicide.

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[64] David Lester, "Studies in Death Attitudes, Part Two," Psychological Reports (April 1972), p. 440. (Other studies can be found in Psychological Reports (ctober 1969) pp. 437-438 and (August 1970) p. 136.

[65] O'Doherty, pp. 93-95.

Based on these results, he recommended that death education be given greater consideration by the Boards of Education at the two schools involved in the study. O'Doherty's results are discussed further in Chapter IV of this paper.

In 1975, Dale V. Hardt developed an instrument to measure attitudes toward death.[66] The validity and reliability of the instrument was established using a sample of 692 subjects between the ages of thirteen and twenty-six who lived in the Southern Illinois area. The mean age of the respondents was seventeen. Using the split half method of reliability with the Spearman Brown "Prophecy Formula" serving as an adjustment formula, a reliability coefficient of .87 was produced for the scale. The statistical requirements for concurrent and construct validity were also met. The scale was judged to be readable by the fifth grade and up, based on the criteria set forth by Flesch and by Dale and Chall.

In his study, Hardt found that the mean score on the death attitude scale was 2.9261, with a standard

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[66]Dale V. Hardt, "Development of an Investigatory Instrument to Measure Attitudes Toward Death," The Journal of School Health (February 1975), pp. 96-99. (This instrument was used by the investigator for this study).

deviation of .5694. He explained that scores from 1.1 to 3.0 on the scale represented attitudes that ranged from "unfavorable" to "neither favorable nor unfavorable" respectively; and scores from 3.0 to 4.9 represented attitudes that ranged from "neither favorable nor unfavorable" to "favorable" respectively. Hardt warned that extreme attitudes, whether unfavorable or favorable, could be an indication of poor emotional health.

Hardt's results indicated that age, sex, social position, church attendance and recency of death experience had little effect on the respondents attitude toward death. A multiple regression analysis showed that only 7.8 per cent of the variance could be accounted for with these variables included. Hardt also found that the mean death attitudes of the thirteen to seventeen year olds were more unfavorable than favorable, and that the older subjects scored slightly higher than the rest of the sample.

A scale similar to Hardt's was developed by Larson.[67] In two studies using the instrument, he found that positive attitudes toward death of 81 college undergraduates tended

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[67]Knud S. Larson, "Attitudes Toward Death: A Desensitization Hypothesis," Psychological Reports, (October 1974), pp. 687-690.

to be related to low religiosity; and that a comparison of twenty male physicians, thirty-two college professors, and fifty-eight male and female college students indicated that age, and experience with death did not relate to positive attitudes toward death because there were no significant differences between the scores of the three groups. However, Larson discovered that positive attitudes toward death did correlate with exposure to the death of an acquaintance or an unknown person, but not with exposure to the death of a loved one. Larson suggested that the trauma of losing a loved one might explain this finding.

In other studies involving adolescents and young adults, Templer found that for religiously very involved persons, those who were more religious tended to be less anxious about death, based on their scores on his death anxiety scale.[68] Iammarino, who used Templer's scale to study 250 ninth graders in Ohio, discovered that children living with two parents had significantly less anxiety about death than did children with only one

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[68]Donald I. Templer, "Death Anxiety in Religiously Very Involved Individuals," Psychology Reports, (October, 1972), pp. 361-362.

parent.[69] Iammarino hypothesized that the lack of intimate interpersonal relationships with parents might have negatively affected the child's degree of anxiety about death.

Dickstein's results led him to conclude that guilt was not a significant element in concern about death for the 185 college females in his study.[70] However, the number of death references and themes of illicit sex on the Thematic Apperception Test were positively related to death concern, while theoretical values and social desirability were negatively related. Dickstein proposed that death and sex were positively related because they were conflict laden areas of experience, and that social concerns about death were negatively related because the general culture avoided the topic of death.

From the research available, some general characteristics of adolescents' attitudes toward death can be tentatively proposed. Adolescents do think about death,

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[69]Nicholas K. Iammarino, "Relationships Between Death Anxiety and Demographic Variables," Psychological Reports, (August 1975), p. 262.

[70]Louis S. Dickstein, "Self-Report and Fantasy Correlated of Death Concern," Psychological Reports, (August 1975), pp. 147-158.

and it is an emotion charged subject for them. Their attitudes toward death are affected by the attitudes of their parents, especially the attitude of the same sex parent. Having only one parent at home may increase anxiety about death. Girls tend to be more fearful of death than boys. Most adolescents have a high need for approval and acceptance, so their somewhat unfavorable attitudes toward death may be a reflection of the prevailing cultural attitude toward death. In other words, since our culture frowns upon discussing death, a favorable attitude toward death might be seen as unacceptable. The testing of these hypotheses by future researchers in the field could contribute significantly to knowledge of adolescents' attitudes toward death.

Adults' and Elderly Persons' Attitudes Toward Death

Adults have been neglected by researchers on death. The only research into normal adults attitudes toward death that has been done was Edwin Shneidman's study for Psychology Today.[71] Even in this study, only twenty-one

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[71]Edwin S. Shneidman, "You and Death," Psychology Today (June 1971) pp. 43-45; 74-80.

per cent of the sample was over age thirty-five. However, since Psychology Today received over thirty thousand replies to the survey (the largest response ever obtained for one of their surveys), the adult sample was quite large. Unfortunately, most of the results of this study were not reported by age group, so it was impossible for this investigator to determine exactly how the adults in the sample had responded.

Shneidman found that while fifty-five per cent of the respondents strongly wished that there was an afterlife, only forty-three per cent tended to believe in it. He also found that sixty-five per cent of the respondents attitudes toward death had been influenced by religion; and fifty-two per cent had been at least somewhat influenced by the threat of nuclear destruction. For one-third of the adults in the study, death meant the end, the final process of life; and the most distasteful aspect of their own death was that they would no longer have any experiences.

Most adults over thirty-five, reported Shneidman, believed that children and adolescents were more afraid of death than those in other age groups, would not sacrifice their lives for any reason; and wished to outlive their spouses. Shneidman's results are discussed further

in Chapter IV of this paper.

The attitudes of the elderly toward death have been researched by Swenson.[72] He presented a "Death Attitude Check List" to over 200 individuals from nursing homes, golden age clubs, and industries employing persons over sixty years of age. The results indicated that forty-five per cent of the respondents had a positive or forward-looking attitude toward death; forty-four per cent were evasive about their attitude; and ten per cent feared death. The more religious the individual in this study, the more positive was his attitude. Rhudick's study of sixty aged members of an Age Center in Boston corroborated Swenson's results.[73]

Jeffers also found a relationship between religion and death attitudes.[74] In his study of 269 community volunteers in North Carolina aged sixty and over, Jeffers found positive correlations between fear of death and

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[72]Wendall M. Swenson, "Attitude Toward Death Among the Aged," in Death and Identity, edited by Robert Fulton, (New York: John Wiley & Sons, Inc., 1965), p. 105.

[73]Paul J. Rhudick, "Age, Personality, and Health Correlates of Death Concerns in Normal Aged Individuals," in Death and Identity, ibid., pp. 123-131.

[74]Frances C. Jeffers, et al., "Attitudes of Older Persons Toward Death," in Death and Identity, ibid., pp. 142-146.

the following factors: less belief in afterlife; less frequent bible reading; feelings of depression and rejection; and lower I.Q.. Jeffers points out, however, that his study was done in a community in the "Bible-belt" region.

Shrut's study showed that older people in a home for the aged who lived in an environment similar to what they were accustomed to before entering the home, i.e., an apartment, had less fear of death than elderly persons who were institutionalized.[75] The people in the home for the aged were also less suspicious, and more responsive, alert, and cooperative. These facts should be kept in mind by those responsible for caring for the elderly.

Research on Death Education

Dale V. Hardt was one of the few researchers who investigated the effects of death education on the attitude of the students taking the course.[76] Using an attitude scale, which he had previously developed, as a pre-

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[75]Samuel D. Shrut, "Attitudes Toward Old Age and Death," in Death and Identity, ibid., pp. 161-169.

[76]Dale V. Hardt, "A Measurement of the Improvement of Attitudes Toward Death," Journal of School Health, (May 1976), pp. 269-270.

test and posttest on eighty-six students at the University of Wisconsin, Hardt found that the groups' attitude toward death had become more favorable after a forty-five hour course in "Death and Dying." The mean score on the pretest was 3.074, while the mean on the posttest was 3.318. By use of the "t-test," this difference was found to be statistically significant beyond the .0005 alpha level. While each age group, eighteen to twenty-seven, showed a gain, the nineteen year olds showed the greatest gain, from a mean score of 2.78 to one of 3.32. Hardt also found that while males had a higher mean score on the pretest, the females mean score increased more from pretest to posttest. Overall, Hardt found that sixty-one per cent of the group showed an improvement in their scores, twenty-three per cent declined, and sixteen per cent remained the same. He concluded by saying that the study might be pointing to optimum ages for introducing death education courses.

In a similar study, Murray tested the effects of a death education course on thirty female nurses selected at random from a group of 330 nurses in a New York City hospital.[77] Using Templer's Death Anxiety Scale, she found

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[77]Patricia Murray, "Death Education and Its Effect on the Anxiety Level of Nurses," Psychological Reports, (December 1974), p. 1250.

that: the pretest mean was 6.70; the posttest I mean (immediately after the course) was 6.36; and the posttest II mean (four weeks later) was 5.63. While the decrease in anxiety measured by posttest II was significant, the decrease on posttest I was not, and Murray was uncertain of the reason for this. The four-week interim might have provided the nurses with the time for reflection needed to internalize the experience of the course.

Herrold encountered a related problem in his study.[78] He developed a simulation experience on death and dying to be used in a Christian parish setting. Before and after the experience, which included exploration of Biblical concepts of death, discussions on feelings about death, and helping the participants to cope with possible future situations, Herrold administered both the Templer Death Anxiety scale and Boyar's Fear of Death scale to the sixty-nine participants and thirty-eight controls. He found that there was a significant increase in the participant's anxiety and fear of death, and concluded that the increase was directly related to their confronta-

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[78]Thomas Edward Herrold, "The Construction and Validation of a Simulation Experience Dealing with Attitudes Toward Death and Dying," Ph.D. Dissertation, Lancaster Theological Seminary, 1975. Dissertation Abstracts International, August, 1976. p. 1040-A.

tion with their attitudes toward death and dying.

Both Murray and Herrold's findings are consistent with the Freudian theory that as repressed material becomes conscious, anxiety increases. This increase can be helpful rather than harmful, however, if the person is assisted in dealing with it. Thus, death education courses can be beneficial even if they cause an increase in the students' anxiety, because the anxiety may motivate them to seek help in changing. Such a possibility underscores the importance of follow-up on students involved in death education courses.

The only other research studies on death education available at this time were done by Bernard Schoenberg.[79] In two related surveys of medical schools' curriculum on death and dying he found that based on the responses from 121 chairmen of departments in medical schools throughout the United States, the need for improved and greater curriculum coverage of death related issues was generally recognized, but there was little evidence of any intention or capability to make the changes to effect improvement.

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[79]Bernard Schoenberg, et al. "Medical School Curriculum Dealing with Death, Dying, Loss, and Bereavement: Faculty Attitudes and Student Attitudes," in Communicating Issues in Thanatology, edited by Austin Kutscher, et al., (New York: MSS Information Corp. 1976), pp. 275-293.

Responses to a similar questionnaire sent to medical students indicated that they agreed with the chairmen's general assessment of the situation.

The most interesting result of this survey was the response, or rather, the lack of response. Schoenberg sent questionnaires to the dean and the chairmen of the departments of every medical school in the United States. He received only thirty-four replies from the departments of psychiatry, twenty-two from medicine; twenty-four from surgery; twenty-seven from pediatrics; and fourteen from deans. The students followed their mentors' lead; 915 were sent to Columbia, and 116 were returned; 115 were sent to New Mexico and 53 were returned; and 280 were sent to Stanford and 123 were returned. It would appear that the subject of death is not even important enough to the medical profession for them to take the time to fill out a questionnaire. While reading these reports, this investigator recalled the resistance of the doctors Kubler-Ross described in her book On Death and Dying. Schoenberg's survey provides a clue as to why those doctors were so inadequately equipped to deal with death effectively.

In light of the importance of physicians' attitudes toward death, some results of the study merit further mention. The responses to questions four and nine especi-

ally illuminating. When asked "How pleased are you with teaching efforts to prepare medical students to care for dying patients?" eight per cent of the chairmen responded that they were very pleased; twenty-three per cent were displeased and the rest were somewhat pleased. However, ninety-nine per cent of the students at Columbia; forty-seven per cent of the students from Stanford; and twenty-eight per cent of the students from New Mexico were displeased.

In response to the question, "Does your department require reading for the students pertaining to caring for the dying?" nineteen per cent of the chairmen answered "yes", and sixty-two per cent answered "no". Eighty-five per cent of the Columbia students answered "no", as did fifty per cent of the New Mexico students, and seventy-five per cent of the Stanford students. It is strongly hoped that steps will be taken to resolve this deplorable neglect of the issue of death and dying in American medical schools. For, if medical students are so ill prepared to deal with the dying person and his family, the question arises as to their preparation to deal with any of their patients as unique and significant human beings.

CHAPTER III

COLLECTION AND TREATMENT OF THE DATA

The Data Gathering Instrument

The attitudes of the senior high school students were drawn from a study of their responses to a three-part questionnaire consisting of 32 questions. The questions in Parts I and III were selected from the questionnaire entitled "You and Death", designed by Edwin Shneidman of the Center for Advanced Study in the Behavioral Sciences. It originally appeared in the August, 1970 edition of Psychology Today.

All the questions in Parts I and III were multiple choice. The selected questions were designed to ascertain the respondents' first experiences with death, the major influences on their attitudes toward death, and their feelings about funerals and types of burial. The one question on their attitude toward death education was not in the original questionnaire.

Part II of the questionnaire was designed and validated by Dale V. Hardt while with the School of Health Sciences and Physical Education at East Stroudsburg (Pa.) State College. The questionnaire, which originally

appeared in the February, 1975, edition of The Journal of School Health, consists of 20 statements of attitudes toward death (e.g. I can accept the thought of death; I regret the thought of death). The respondents were asked to make a check-mark next to each item with which they agreed. The scale was designed to determine the statement which best described the respondent's attitude toward death at the time he took the test.

A rough draft of the instrument was criticized by the Reverend John Picciano, M.S.W., school pastor of Father Lopez High School and by the research professor who directed the thesis. It was approved as an appropriate instrument for the purposes of this study.

The Pilot Test

In order to determine if senior high school students would interpret the meaning of the questions consistently, the questionnaire was submitted to five senior year students enrolled in a Catholic high school that was not a part of the survey population.

In the pilot test, each student responded to the questions as they appeared on the form. They were then asked to indicate any questions or directions that were not clearly stated and which they may have had difficulty interpreting.

All of the students stated that they understood the questions, and their responses confirmed this. One suggestion was made, however, regarding Part II of the questionnaire. Since the directions for Part II differ from those in Parts I and III, the students suggested that the directions be read aloud before the subjects answered this part of the questionnaire. This change was incorporated into the administration of the questionnaire when it was taken by the students in the two schools which comprise the sample.

The Research Population

The research population consisted of seventy-five junior year students in a Catholic high school who had had a six-week course in death education, and sixty-nine junior year students in a Catholic high school who had not had a course in death education. Both high schools are located on the east coast of Florida, within the Catholic Diocese of Orlando. Both schools charge about the same tuition and enroll between 350 to 400 boys and girls in grades 9 through 12. Both have a ratio of Catholic to non-Catholic students of approximately 6 to 1. Even though both schools are integrated, the student bodies in both schools are comprised primarily of young men and women representing white, middle-class homes.

Distributing the Instrument

In preparation for the administration of this instrument, the investigator personally interviewed the school pastors of the two Catholic high schools to secure their permission to survey their students. The questionnaire was administered during school hours. Those administering the test in both schools were given explicit instructions on how to administer it. The respondents were instructed not to place their names on the questionnaire because any answer sheet that was signed would be discarded. The school pastors were asked to make it clear that no student had to participate in the survey if he or she preferred not to do so.

Organizing the Data

In order to perform the necessary analysis of the data, a master table was constructed for each school which listed each subject's score on the Attitude Toward Death Scale, and his response to each item on the questionnaire. From the data obtained on the subjects' age, sex, race, religion, and degree of religious commitment, a profile of the participants was developed.

In order to test hypothesis one which stated that two-thirds of the students would have attitudes toward

death that were more favorable than unfavorable, the attitude scale scores were computed in the manner explained by Hardt, who developed the scale.[1]

The scores were then classified in the following five categories:

Category	Score Range
1. Very favorable	(3.75 - 4.90)
2. Favorable	(3.0 - 3.74)
3. Neither Favorable nor Unfavorable	(2.9 - 2.99)
4. Unfavorable	(1.95 - 2.99)
5. Very Unfavorable	(1.1 - 1.94)

The distribution was listed in number and per cent in each category, for High School X; High School Y; and the total sample. Since Hardt suggested that extreme scores, whether high or low, were indicative of unhealthy attitudes, the upper and lower limits of scores representative of non-pathological attitudes were set at 4.20 and 1.85, respectively.

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[1]Dale V. Hardt, "Development of an Investigatory Instrument to Measure Attitudes Toward Death," Journal of School Health, (February, 1975), p. 97.

Hypothesis two stated that the students from High School X would have more favorable attitudes toward death than would the students from High School Y. In order to determine if the difference was statistically significant, the chi-square test of the median scores was used, rather than the mean test, in order to counteract the effect of the extreme scores. Following the method described by Garrett,[2] these steps were taken:

1. The median of the total sample's scores on the Attitude Toward Death Scale was computed.
2. The 2 x 2 fold table was drawn. At or above the common median vs. below the median constituted one category in the table, and High School X students vs. High School Y students, the other.
3. The appropriate values were substituted in the formula:

$$X^2 = \frac{N\,(AD - BC)^2}{(A+B)\,(C+D)\,(A+C)\,(B+D)}$$

4. Solving for X^2.

To accept the hypothesis, more students from High School X must score at or above the median than do students

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[2]Henry E. Garrett. Statistics in Psychology and Education. (New York: David McKay Co., Inc., 1966), pp. 262-266.

from High School Y, and the difference must be statistically significant.

Hypothesis three was also tested by the same statistic. Scores above the median and scores below the median constituted one category on the 2 x 2 fold table. The other category was also dichotomous, with the breakdown determined by placing in the same group those who were influenced by their religion course and if they favored a course in death education in the curriculum. They were compared to those who did not indicate positive attitudes to both. To accept hypothesis three, more students from the former group must score above the median than do the students from the latter group; and the difference must be statistically significant.

Hypothesis four was tested by tabulating the responses to question seven which asks what the students think about death education in high school. In order to accept the hypothesis, two-thirds of the students must indicate that they believe that death education courses should be either required for all high school students, or available as an elective for them.

The responses to questions two through six were also tabulated and organized into appropriate tables. Although they did not relate directly to any of the

hypotheses advanced at the outset of the study, they provided additional information regarding the respondent's attitudes.

CHAPTER IV

ANALYSIS OF THE FINDINGS OF THE SURVEY

This chapter treats the responses to the "Attitude Toward Death" survey, concerning what the students think about death and death education, funerals, and types of burial, and the role of religion in shaping their attitude toward death. It shows the similarities of the two groups, as well as their differences.

Before these findings are presented, descriptive data on the research population are shown to set the context for the analyses of the results.

Profile of Participants

Responses were obtained from 89 per cent of the junior year students from High School X, and 81 per cent from High School Y. Of those participating in the survey, 52 per cent of the students from High School X were female, while 60 per cent of the students from High School Y were female. Ten per cent of the students from High School X were Negroes or represented racial groups other than Caucasian, as compared to 4 per cent from High School Y.

As was expected, the religious background of 89

per cent of the group from High School X and 82 per cent of the group from High School Y was Roman Catholic.

Based on this profile, the typical respondent from both schools was a 16 or 17 year old single, Caucasian, "somewhat religious" Catholic female. While the profile is not typical of the student in all American secondary schools, it is quite typical of students in American Catholic secondary schools. Any generalizations made from the results of this study should bear this fact in mind.

Respondents Attitude Toward Death

Hypothesis one states that two-thirds of the respondents in the total sample will have attitudes toward death that are more "favorable" than "unfavorable" as measured by the mean scores of above 3.0 on the Attitude Toward Death Scale.

Since the majority of the respondents are Roman Catholic, this hypothesis was proposed to test the assumption that Catholic students, because of the teachings of the Church, have positive attitudes toward death. This assumption is based on the emphasis given to immortality that is an integral part of education of youth as soon as they are able to engage in religious exercises of the Church.

Historically, the Catholic church has attempted to assist its members in coping with death. Early church fathers such as Gregory of Nyssa, Augustine, and Thomas Aquinas developed in extended tracts and treatises the problem of man's finitude and the consummate question of life after death. The conflict between the Jewish notion of bodily resurrection and Greek concept of the immortality of the soul has been a popular topic among theologians throughout history.

In the contemporary period, Teilhard de Chardin has written about man's existential anxiety and its relationship to his attitude toward death. The Fathers of Vatican Council II also addressed this question. From their deliberations, a significant shift in the Catholic approach to death emerged. White vestments signifying joy, and the "Mass of the Resurrection" replaced the black vestments and mournful "Dies Irae" which characterized the old Catholic funeral mass. The church fathers, while recognizing the natural grief and mourning caused by the loss of a loved one, wanted to emphasize the Christian belief in life after death.

Because of the church's tradition, many contend that Catholics are more favorably disposed toward accepting death. The study done by Patrick J. O'Doherty in 1973 for

his Master's Thesis at Stetson University partially affirmed this view. From the comments written by the students in his study, he concluded that those who had faith in Jesus Christ felt very much at ease in the face of death and some actually looked forward to it. However, he felt that the Catholic school students' written comments about death were more fatalistic and fearful than those of the public school students. Further, these comments led Father O'Doherty to question the efficacy of the religion courses as presently taught in the Catholic school.

Since Father O'Doherty's data were inconclusive, one of the purposes of this study is to attempt some clarification of this issue. The responses to the questions in Part II of the questionnaire are used to test Hypothesis one.

Part II of the questionnaire is a Thurston-Equal-Appearing Interval type of attitude scale developed and validated by Dale V. Hardt. There are twenty attitude statements on the scale. The respondents are instructed to place a check mark next to each statement with which they agree and to make no mark next to the statements with which they disagree.

The statements ranged from "The thought of death is a glorious thought," which is most favorable, to "The

thought of death is outrageous," which is the least favorable. A score of 2.9, for example, indicates that the statement, "I don't fear thoughts of death, but I don't like them either" most closely describes the respondent's attitude toward death at the time he takes the test. This statement is classified as "neither favorable nor unfavorable toward death". The higher the score on the test, the more favorable the respondent's attitude toward death. Similarly, the lower the score on the test, the more unfavorable the respondent's attitude toward death. Therefore, a score of 3.5 would indicate a quite favorable attitude toward death, whereas a score of 1.5 indicates a quite unfavorable attitude. The entire scale ranges from 1.1, being most unfavorable, to 4.9, being most favorable. A score in the favorable range indicates that the respondent can think of death with little anxiety. A score in the unfavorable range indicates that the respondent has difficulty even thinking of death.

Table I provides a summary of the distribution of scores on the attitude scale for High School X, High School Y, and the total sample in both number and per cent.

TABLE I

THE DISTRIBUTION OF SCORES ON THE ATTITUDES TOWARD DEATH SCALE

Attitude Scale Score	No.	%	No.	%	No.	%
	High School X		High School Y		Total	
3.75-4.9 (very favorable)	5	7.5	2	3.5	7	5.7
3.0 -3.74 (favorable)	41	61.0	30	54.0	71	57.7
2.9 -2.99 (neither favorable nor unfavorable)	7	10.5	7	12.5	14	11.4
1.95-2.89 (unfavorable)	13	19.5	15	26.5	28	22.8
1.1 -1.94 (very unfavorable)	1	1.5	2	3.5	3	2.4
Totals	67	100	56	100	123	100.0

The data from the respondents at High School X clearly indicates that over two-thirds, or 68.5 per cent, of the students, have a favorable attitude toward death and can think of death with a minimum of anxiety. Further, seven respondents, or 10.5 per cent, scored between 2.9 and 2.99 on the scale, which is actually in the neither favorable nor unfavorable attitude range. The highest score is a 4.15, while the lowest is a 1.8. Similarly, a majority, 57.5

per cent of the respondents from High School Y scored in the favorable attitude range, and seven respondents, or 12.5 per cent scored between 2.9 to 2.99. The total range of scores at High School Y is 1.8 to 3.96.

In the Hardt study, the mean death attitude score on this attitude scale was 2.93. The mean score for respondents in this sample, 3.12, is in the favorable range, and higher than the mean score in Hardt's sample. Because of the varying composition of the two research populations, no clear conclusion can be drawn regarding these differences.

The implications derived from the previously mentioned O'Doherty study, i.e., that the attitude toward death of Catholic high school students is fearful and fatalistic, would seem to be refuted by the results of this study. In fact, only 21 per cent of High School X students and 30 per cent of High School Y students indicate that they have any serious difficulty thinking about death. The vast majority of these students have attitudes toward death that are quite favorable.

There are three possible explanations for the differences between the results of this study and the O'Doherty study. First, Father O'Doherty's conclusion was based primarily on inferences drawn from written comments. It could be that those students who were more anxious about

death felt a greater need to write about their feelings on death in order to reduce their anxiety, just as a person uses excessive talking or nervous laughter to reduce anxiety in a social situation.

The second possible explanation relates to some changes made in the teaching of religion in Catholic schools since Father O'Doherty's study in 1972-73. At the time of his study, the changes in the Catholic church effected by Vatican Council II, which ended in 1965, had only partially affected Catholic education in the United States. It was a time of transition for the schools. The indoctrination into Catholic belief which characterized religious education in the past, best exemplied by the "question and answer" format of the famous Baltimore Catechism, was being replaced by a more humanistic approach. Textbooks for religious education, which utilized the insights of developmental psychology with regard to learning, as well as modern teaching methods, were becoming common. Values clarification was replacing memorization of "do's and don't's"; an attitude of ecumenism was supplanting that of "Catholic elitism"; love of Jesus as brother and Savior, and God as Father and Creator was being emphasized more than "fear of the Lord."

The shift in emphasis in the Catholic church has

"opened the window and let in some fresh air" as Pope John XXIII hoped it would. Change, though, is generally a long and arduous process, especially in an organization as large and as oriented toward tradition as the Catholic church.

Those students who were seniors in a Catholic high school in 1972 had completed over half of their education before the impact of Vatican II was felt in America. On the other hand, the Catholic high school students in this study, who will graduate in 1978, are in the first wave of graduates from "post Vatican Council II" American Catholic schools. Could it be that this fact accounts for their more favorable attitude toward death? This is a question that future research on Catholic education could address.

The third possible explanation of the results of this study deals with the impact of the virtual explosion of books, articles, and seminars on the subject of death and dying ignited by publication of the pioneering work of Elisabeth Kubler-Ross, On Death and Dying in 1969. Her work, combined with the highly publicized case of Karen Ann Quinlin, whose parents went to court to protect her right to "die with dignity;" and the war in Vietnam, forced Americans to confront the issue of death.

After years of viewing death on the evening news

"live and in color" from the battlefields of Vietnam, Americans could no longer deny it so easily. The need to understand death intensified, and in response, physicians, social scientists, and clergymen attempted explanation.

That there has been increasing interest in the subject of death cannot be denied. The 30,000 responses to the questionnaire on "You and Death" published in Psychology Today in August 1970, and the hundreds of references to books and articles, compiled in the Archives of the Foundation of Thanatology, attest to Americans' need to cope with death more effectively. Recently, however, it seems that interest is waning. Fewer articles and books on death are being written. The war in Vietnam is over. Energy and inflation are the issues of the day. Has the question of death gone "underground" in our consciousness once again?

This investigator maintains that, like "Pandora's Box," once the issue of death was opened, it could not be closed again. Death is no longer simply written about by experts. It is being talked about, in churches, schools, and homes. This openness has fostered more favorable attitudes toward death, especially among the young. While much work is needed to help improve the ability of Americans to cope with death, the outlook for positive change has been considerably brightened.

Comparison of the Results on the Attitude Toward Death Scale for High School X and High School Y

The literature on death education purports that courses on death and dying have the effect of improving the student's ability to deal effectively with death. Knowledge of the subject of death and dying; honest discussions of feelings about death; sharing experiences; and personal confrontation with the dead and dying are generally regarded as the critical factors related to changing student's attitudes.

At the time of this survey, the group from High School X had recently completed a course in "Death and Dying". During the course open discussions were encouraged on such issues as suicide, abortion, euthanasia, funeral customs, and grief. The students toured a local hospital, a funeral home, and an old cemetery. In addition, they read works of literature on death, did values clarification exercises, and studied the medical, legal, and religious aspects of death.[1]

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[1]Suggested teaching materials and the bibliography for this course are included in Appendix B.

If the assertions of the proponents of death education are true, it would follow that as hypothesis two proposed, the students from High School X who have had a course in death education would have more favorable attitudes toward death than the students from High School Y who have not had such a course.

To accept the hypothesis, more students from High School X must score above the common median on the "Attitude Toward Death Scale" than do High School Y students, and the difference must be statistically significant at the $P < .05$ level. The median score is used here instead of the mean score in order to nullify the effects of extreme scores and thus provide a more accurate portrayal of the performance of the students from each school.

The chi-square test was used to determine if the medians of the obtained scores differed significantly. Table II shows the 2 x 2 fold table and the results.

TABLE II

SCORES ON THE ATTITUDE TOWARD DEATH SCALE COMPARED BY SCHOOL

	Below Median	At or Above Median
High School X	27	40
High School Y	33	23

$X^2 = 4.237$ (Significant at $P < .05$ level)

The results indicate that the scores of High School X students were higher than those of High School Y, and that the difference is statistically significant. Therefore, it can be proposed that the group from High School X has a more favorable attitude toward death than the group from High School Y.

The two groups are fairly similar on the basis of age, race, and religious background. There is a noticeable difference, however, in the ratio of boys to girls in the two groups. In the High School X group, the ratio of boys to girls is almost one to one; whereas in the High School Y group it is about two boys to three girls. To determine if the larger number of boys in High School X group affected the results, a chi-square of the median scores was computed. Boys and girls constitutes one category, below and at or above the median, the other. The 2 x 2 fold table is shown in Table III.

TABLE III

OBTAINED SCORES IN THE ATTITUDE TOWARD DEATH SCALE COMPARED BY SEX

	Below Median	At or Above Median
Boys	22	31
Girls	38	32

$X^2 = 2.435$ (not significant; for $P < .05$ a value of 3.84 is required)

The table indicates that the differences in the obtained scores for boys and girls is not significant statistically. However, there is certainly a difference between the performance of the boys and the girls. The boys generally scored higher than the girls. This finding is in agreement with the work of David Lester and other researchers who have found that women tend to be more fearful and anxious about death than men.

The results of this analysis on sex differences indicate that some caution must be used in interpreting the differences between the scores of High School X students and High School Y students, because the effect of sex difference cannot be ruled out completely. Furthermore, there are a number of other variables that could account for the difference between the groups, such as their parents' attitudes, their personal experiences with death, and other factors that are beyond the scope of this study.

Nonetheless, it is the contention of this investigator that the death education course contributed significantly to the development of more favorable attitudes toward death among the students at High School X. From the responses to the questionnaire, a point can be made to support this contention.

Both high schools in this survey are Catholic schools. Both require that Theology be taken each year. In question one on the questionnaire the students are asked to rank the three major influences on their attitude toward death. "Religion course" is one of nine possible choices. As the summary of the responses to this question provided in Table IV shows, the majority of the students from High School X feel that their attitudes toward death are influenced by a religion course, while the vast majority of students from High School Y do not.

TABLE IV

RELIGION COURSE'S INFLUENCE ON ATTITUDES TOWARD DEATH

Ques. #1. Which of the following list most influenced your present attitude toward death? Indicate the major influence by marking "1"; second by "2"; third by "3".

Responses	No. High School X	% High School X	No. High School Y	% High School Y
Religion Course:				
1st Major influence	14	20.9	2	3.6
2nd Major influence	13	19.4	1	1.8
3rd Major influence	13	19.4	7	12.5
Not a Major influence	27	40.3	46	82.1
Totals	67	100.0	56	100.0

Over one-fifth of the students at High School X feel that a religion course is the most important influence on their attitude toward death, and almost two-thirds believe that it is one of the major influences for them. In comparison, more than eighty per cent of the students from High School Y do not feel that a religion course has influenced their attitude.

In the original questionnaire, "Death Education Course," was listed rather than "Religion Course," because the investigator wanted to measure the impact the course had upon the students from High School X. However, since only High School X students had had a course in death education, this was seen as "begging the question". Therefore, the more general term "Religion Course"[2] was used because both schools teach religion.

While it is clear that the majority of High School X students felt they were influenced by a religion course, it can be argued that a response indicating "religion course" as a major influence does not necessarily mean that the subject is referring to the "Death and Dying" course. Or, it could be said that the teaching of reli-

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[2]The Death and Dying course at High School X is part of the religion curriculum.

gion at High School Y is not as effective as that at High School X. To a degree, these hypotheses could be true. However, the more plausible explanation of this dramatic difference is that the "Death and Dying" course is a major influence upon the attitudes of the majority of students at High School X. Further research is recommended in order to more clearly ascertain the relationship between taking a course in death education and having a favorable attitude toward death.

The Relationship Between the "Death and Dying" Course and the Attitudes Toward Death of Students from High School X

Hypothesis three was posited to further test the impact of the "Death and Dying" course upon the students at High School X. It states that students from High School X who favor death education, and whose attitudes toward death are strongly influenced by a religion course will score higher on the Attitude Toward Death Scale than the other students from High School X; and the difference will be significant at the $p < .05$ level.

In tabulating the responses to question seven, however, the investigator discovered that only two students from High School X did not favor having death educa-

tion taught in secondary schools. Although both scored below the median, no valid comparison can be made from such limited data. Therefore, the scores of High School X students whose attitudes are influenced by a religion course are compared to the rest of High School X students, whether they favor death education or not. The chi-square median test is again used to determine if the scores differ significantly. Table V shows the 2 x 2 fold table and the results.

TABLE V

RESULTS OF THE CHI-SQUARE TEST ON THE SCORES OF STUDENTS FROM HIGH SCHOOL X WHOSE ATTITUDES TOWARD DEATH ARE INFLUENCED BY A RELIGION COURSE COMPARED TO THE SCORES OF THE REST OF HIGH SCHOOL X STUDENTS

	Below Median	At or above Median
A major influence is Religion course	16	24
Religion course not a major influence	16	11

$X^2 = 2.509$ (not significant)

Table V shows that while the results are not statistically significant, over the two-thirds of the students influenced by their religion course score above the median

on the attitude toward death scale. Only about one-half of the other students do as well. Furthermore, comparing only those students who indicate that their religion course is the foremost influence on their attitudes toward death with the students whose attitudes are not influenced by their religion course yields results that are significant at $p < .10$ level. Table VI presents the results of the chi-square median test on these two groups.

TABLE VI

THE SCORES ON THE ATTITUDE TOWARD DEATH SCALE OF STUDENTS AT HIGH SCHOOL X WHOSE ATTITUDES ARE PRIMARILY INFLUENCED BY THEIR RELIGION COURSE COMPARED TO STUDENTS AT HIGH SCHOOL X WHOSE ATTITUDES ARE NOT INFLUENCED BY THEIR RELIGION COURSE

	Below Median	At or above Median
Religion course primary influence	4	10
Religion course not an influence	16	11

$X^2 = 3.516$ (significant at $p < .07$)

The data from Tables V and VI, while not totally confirming Hypothesis three, lend substantial support to

the contention that those students who are influenced by a course in death education can think of death with greater ease than students who are not influenced by such a course. Further, as Table VII shows, students who are influenced by death education courses are also more capable of thinking of death without anxiety than are students who have not taken such a course.

TABLE VII

THE SCORES ON THE ATTITUDE TOWARD DEATH SCALE OF STUDENTS AT HIGH SCHOOL X WHOSE ATTITUDE IS INFLUENCED BY THEIR RELIGION COURSE COMPARED TO ALL STUDENTS FROM HIGH SCHOOL Y

	Below Median	At or above Median
Students from High School X	13	27
All students from High School Y	33	23

$X^2 = 7.703$ (significant at $p < .01$)

Table VII indicates most dramatically the favorable relationship between taking a death education course and having a favorable attitude toward death. These results are statistically significant at $p < .01$ level. Further research utilizing the instrument designed for this study

as a pretest and posttest on students taking a course in death education is strongly recommended. Such research could correct some of the methodological deficiencies of this study and provide more conclusive proof of the relationship between death education and positive attitudes toward death.

Students' Attitudes Toward Death Education

Are high school students concerned about death? Do they feel a need for a structured experience that would assist them in coping with the problem of death? Or do they concur with their elders' belief that young people should be shielded from death? These questions prompted the proposal of hypothesis four. This investigator believes that high school students are concerned about death and that they will welcome any help that the schools can provide. Therefore, hypothesis four proposed that two-thirds of the students will favor having death education courses taught in high school. This hypothesis was tested by tabulating the responses to question seven on the questionnaire. Table VIII provides a summary of these responses, in both number and per cent, for High School X, High School Y, and the total sample.

TABLE VIII

STUDENTS ATTITUDES TOWARD DEATH EDUCATION

Courses in death education should be:	No.	%	No.	%	No.	%
	High School X		High School Y		Total	
1. A required course for all students in high school	18	27	1	2	19	15.5
2. Available as an elective for all students in high school	47	70	43	76.5	90	73
3. Should not be taught	1	1.5	2	3.5	3	2.5
4. No opinion or not sure	1	1.5	10	18	11	9
Totals	67	100	56	100	123	100

Table VIII indicates that an overwhelming majority of the students in these two high schools want death education made available to them. Ninety-seven per cent of the students from High School X believe that it would be worthwhile, as do almost eighty per cent of the students from High School Y. In fact, one-quarter of the students from High School X demand that death education be a required course for all students in high school! It is interesting to note that only one student at High School X,

which offers death education, believes that it should not be taught. Conversely, only one student from High School Y, which does not offer death education, believes that it should be required. Twelve students from High School Y, about one-fifth, are either not sure or believe that death education should not be taught.

These data seem to indicate that students who are exposed to death education are favorably disposed to the idea of having such courses available. Thus, the fear of some parents and educators, that death education could prove traumatic to young people, appears to be unfounded. While it is unsettling that one student may feel that it should not be taught, the evidence indicates that the death education course was very well received.

Administrators and curriculum planners in high schools should investigate the need for death education in their schools. To ignore the results of this survey would be a disservice to their students, and to the society. Researchers in this field have pointed out that such courses can be very helpful to those who want to improve their ability to cope with death. They also assert that young people want and need death education. The results of this study lend further support for both of these points. Unfortunately, the schools have been slow

to respond to this research. Dr. Richard B. Morland has expressed this concern thus:

> My concern is with the almost total neglect of the schools to prepare youngsters to meet the situation [death] with some measure of composure and understanding when it happens, and it surely does.

Continued indifference to death education on the part of educators can only be interpreted as an indication of their inability to confront the problem of death.

One of the primary goals of education is to enable students to live productive and meaningful lives. Providing students with the ability and the opportunity to explore the meaning of death and discover the value of honestly facing it, is fundamental to the achievement of this goal.

The following sections discuss issues related to death and dying based on student responses to questions two through six in Part I of the questionnaire. While not directly related to the hypotheses, they provide added insight into the students' experience of death and their attitudes toward death.

Influence of Religion on Student's Attitude Toward Death

Researchers in the field of death attitudes have reached conflicting conclusions about the influence of religion on a person's attitude. Some conclude that religiosity has a detrimental effect, while others see it as beneficial in terms of developing a positive attitude toward death.

In question fou. of this instrument, the respondents are asked to indicate how much of a role religion played in their attitude toward death. Almost one-half of the students feel that religion played at least a rather significant role in their attitudes, while less than one-fifth believe that it played only an insignificant role. When the scores of these two groups on the Attitude Toward Death Scale are compared, it is found that thirty-eight students whose attitudes were significantly influenced by religion score above the common median, while only six of the students for whom religion was not a significant influence score above the median. Using the chi-square median test, X^2 equals 9.595, which is statistically significant at the $p < .01$ level. Thus, it can be said that there is a relationship between being

influenced by religion and having a favorable attitude toward death.

Early Experiences With Death

Questions two and three ask about the students' recollections of death discussions in childhood and the age at which they first attended a funeral, respectively. In both the O'Doherty study and the Psychology Today study, over one-third of the respondents could not recall any discussion of death in childhood. In this study, forty-two per cent of the students could not recall such a discussion. On the other hand, the O'Doherty and Psychology Today studies indicated that about one-third of the respondents recalled open discussions of death. In this study, less than one-fourth of the students recall open discussions. Shneidman believed that his results pointed to the taboo nature of death in our society because it was something that families did not generally discuss. This investigator agrees with Shneidman on this point. Furthermore, it is possible that some of the students who do not recall any discussion of death have repressed such memories because of the taboo nature of death. Table IX provides a summary of the students' responses to question two.

TABLE IX

STUDENTS' RECOLLECTION OF DISCUSSION OF DEATH IN CHILDHOOD

Childhood discussion on death	No.	%	No.	%	No.	%
	School X		School Y		Total	
1. Open	17	25.5	10	18	27	22
2. With some sense of discomfort	10	15	7	12.5	17	14
3. Only when necessary, and with the attempt to exclude children	15	22.5	12	21.5	27	22
4. Never recall any discussion	25	37	27	48	52	42
Total	67	100%	56	100%	123	100%

Clearly, this study, as well as the O'Doherty and Psychology Today studies, place societal attitudes toward death in bold relief. Death is not to be discussed in families, or if it must be discussed, it is best that children are excluded. The consistency of the findings in all three studies suggest that American families generally avoid death. Parents need to be helped so that this trend can be reversed. When one considers the effect of childhood learning upon later life, such help for parents is

indeed of critical importance.

Some indication that discussions of death have been repressed by the students can be gleaned from their responses to question three. Over two-thirds of the students first attended a funeral before entering junior high school. Thus, it seems rather unlikely that there was never a discussion of death during their childhood. The responses to this question are similar to the O'Doherty study. In that study, one-third had attended a funeral by age ten, one-half attended their first funeral between ages ten and fifteen, and about ten per cent had never attended.

TABLE X

AGE WHEN STUDENTS FIRST ATTENDED FUNERAL

Funeral Attendance and Age	No.	%	No	%	No.	%
	School X		School Y		Total	
Preschool	4	6	7	12.5	11	9
Elementary	46	68.5	29	52	75	61
Junior High	10	15	7	12.5	17	14
Senior High	5	7.5	7	12.5	12	10
Never	2	3	6	10.5	8	6
Totals	67	100%	56	100%	123	100%

The Final Good-Bye

It is fitting that this discussion should end with an examination of the students' attitudes toward funerals and burial; the final good-bye. Recently, funeral practices have been the subject of much debate. There is some evidence that unscrupulous funeral directors take advantage of the bereaved by selling them overpriced coffins, burial vaults, and other "extras" to inflate their profits. Some argue that the entire funeral industry is dedicated to the reinforcement of society's denial of death because of their emphasis on "cosmetics' to make the dead look more life-like.

Question six of the questionnaire seeks to elicit high school students' feelings toward the importance of funerals as a mourning and grief ritual for the survivors. Their responses show that funerals are still seen as having at least some significance by the majority of the students. However, the controversy surrounding funerals has had some impact. Almost one-fifth of the students do not attach much importance to funerals and another one-fifth are undecided about them. In general, the responses to this question parallel those obtained by O'Doherty and Shneidman.

TABLE XI

IMPORTANCE OF FUNERALS

Question: How important do you believe mourning and grief rituals (e.g. funerals) are for the survivors?

Importance of funerals	No.	%	No.	%	No.	%
	School X		School Y		Total	
Extremely important	17	25.5	7	12.5	24	19.5
Somewhat important	27	40	24	43	51	41.5
Undecided	10	15	14	25	24	19.5
Not at all important	5	7.5	4	7	9	7.5
Not very important	7	10.5	5	9	12	10
Blank	1	1.5	2	3.5	3	2.5
Totals	67	100%	56	100%	123	100%

It is generally accepted that young people are more idealistic than their elders. Will this idealism and concern for fellow man be reflected in the students' responses to question five which asked how they wished to have their body disposed of after they died? That is, are the students more concerned with preserving the body of the dead through traditional burial, or with giving the gift of life by donating their bodies to medical science? In his study, O'Doherty found that one-half of the respondents

preferred traditional burial, while only ten per cent would donate their bodies to science. About one-third of the older, more liberal respondents to the Psychology Today study preferred donation and another one-third preferred cremation. Only about one-fifth of that group indicated that a traditional burial would be their choice. In this study, almost one-half of the students prefer traditional burial, which is similar to O'Doherty's findings. However, the idea of donating one's body to science seems to have gained popularity. Almost one-fifth of the students would be willing to do this.

TABLE XII

DISPOSAL OF BODY AFTER DEATH

Disposal of body	No.	%	No.	%	No.	%
	School X		School Y		Total	
Traditional Burial	34	50.5	26	46.5	60	49.1
Cremation	12	18	7	12.5	19	15.5
Donation to Science	12	18	13	23	25	20
I am indifferent	6	9	10	18	16	13
Other	3	4.5	0	0	3	2.5
Totals	67	100%	56	100%	123	100%

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The Purposes and the Method Employed

The purpose of this study was fourfold:

1. To determine if Catholic high school students had a favorable attitude toward death.
2. To compare the attitudes toward death of students in a Catholic high school who had taken a course in death education with those of students in a Catholic high school who had not taken such a course.
3. To discover if high school students were in favor of death education.
4. To determine if the attitudes toward death of high school students who were influenced by a course in death education were more favorable than those whose attitudes were not influenced by the course.

The students' recollections of childhood discussions on death, their first attendance at a funeral, and their feelings about funerals and burial were also explored. The study involved seventy-five junior year students at one Catholic high school, and sixty-nine at another. Both schools are located on the east coast of central Florida.

Methodology

Related research on the problem was done in the Stetson University library, in the Daytona Beach and Orlando public libraries, and by seeking the opinions of staff members at local hospitals and funeral homes. The instrument used in determing the attitude toward death of the students was an attitude scale developed by Dr. Dale V. Hardt while he was a professor of Health at East Stroudsburg (Pa.) State College. The other seven items on the questionnaire were selected from the "You and Death" questionnaire designed by Edwin Shneidman for the Psychology Today study. After the elimination of two questionnaires which were improperly completed, 123 questionnaires were obtained for the study. Sixty-seven of them were from students at the school offering death education, and fifty-six were from the other school.

Testing the Hypotheses

As the initial step in testing the hypotheses, the responses to each item were tabulated, and the attitude scores were determined.

1. Hypothesis one stated that two-thirds of the respondents would have attitudes toward death that were

more favorable than unfavorable [as indicated by their scores on the Attitude Toward Death Scale].

This hypothesis was proposed because the research into attitudes toward death has produced conflicting evidence on the role of religion. Some researchers concluded that religion was a contributing factor in developing a positive attitude, while others maintained that it was detrimental or had no effect. Since the subjects in this study were required to take a religion course each year, results indicating that less than two-thirds of the students had favorable attitudes toward death would suggest that the teaching of religion had either a detrimental effect on student's attitudes toward death, or no effect at all. From the analysis of the data, 64 per cent of the subjects scored above 3.0 (favorable) on the Attitude Toward Death Scale, while only 25 per cent scored below 2.9 (unfavorable). With the foregoing analysis, hypothesis one is accepted.

2. Hypothesis two proposed that, based upon the scores on the Attitude Toward Death Scale, the students from High School X would have more favorable attitudes toward death than the students from High School Y.

This hypothesis was proposed to test the assumption that students who have had a course in death education are able to cope with death with less anxiety than

those who have not had such a course.

From an analysis of the data, obtained from the chi-square median test, the High School X students who had had a death education course scored higher on the attitude scale than the students from High School Y who had not had such a course. This difference was statistically significant. Based on this analysis, Hypothesis two is accepted.

3. Hypothesis three proposed that there would be a statististically significant difference between: (a) the scores on the Attitude Toward Death Scale of the Students from High School X whose attitudes were strongly influenced by their religion course and who favored death education; and (b) the scores of the rest of High School X students.

This hypothesis was posited to determine if the students whose attitudes were influenced by their "Death and Dying" religion course would be more accepting of death than the students who were not so influenced. However, in tabulating the responses, it was found that only two students at High School X were not in favor of having death education taught in the school. Therefore, the scores of High School X students whose attitudes were influenced by their religion course were compared to

the scores of all other High School X students, whether they were in favor of death education or not.

The chi-square test showed that while 68 per cent of the students whose attitudes were influenced by the religion course scored at or above the median, as opposed to only 48 per cent of the other High School X students, the results were not statistically significant. Based on this analysis, hypothesis three is rejected.

4. Hypothesis four postulated that two-thirds of the students would favor having death education taught in the high schools.

This hypothesis was put forth to discover if the students themselves felt a need for courses in death education. The analysis of the responses to question seven indicated that these high school students were overwhelmingly in favor of having death education made available to them. Twenty-seven per cent of the students from High School X believed that death education was so essential that it should be a required course for all high school students. For the total sample: about 16 per cent believed that death education should be a required course; 73 per cent felt that it should be available as an elective; 9 per cent were not sure; and less than 3 per cent thought that it should not be taught at all.

In view of the fact that 88 per cent of the population stated that a course in death education should be in the curriculum, hypothesis four is accepted.

Other Findings

1. Only 22 per cent of the subjects recalled open discussions about death from their childhood while 42 per cent could not remember death being discussed in their homes at any time.
2. Seventy per cent of the subjects had attended a funeral before entering junior high school, and only 6 per cent had never attended a funeral during their lives.
3. Sixty per cent of the subjects believed that grief and mourning rituals were at least somewhat important for the survivors. About 20 per cent did not attach much significance to them; while the remainder were undecided.
4. Almost one-half of the subjects preferred a traditional burial. Twenty per cent would donate their bodies to science; 16 per cent preferred cremation; and 13 per cent were indifferent.
5. Furthermore, the subjects whose attitudes toward death were rather significantly influenced by religion scored higher on the attitude scale than did

those whose attitudes were not influenced by religion. This difference was statistically significant at the $p < .01$ level.

Recommendations

1. Utilizing the instrument developed for this investigation, a study should be made by the Board of Education of the Diocese of Orlando, as well as by local boards of education for public high schools, to ascertain the need for death education in their high schools.
2. The Catholic church should continue to implement the use of insights from developmental and humanistic psychology in the teaching of religion because it seems related to minimizing the probability of students' developing fearful and fatalistic attitudes toward death.
3. The philosophical, legal, and medical aspects of death should be treated by teachers in courses such as Biology; Psychology; English; Social Studies; Humanities; Health; and Theology if there is no specific course in death education offered.
4. In-service training for teachers interested in developing multidisciplinary courses in death education should be made available by the Board of Education

of the Diocese of Orlando, and by local public school boards of education.

5. Because persons in the health-related and helping professions are often faced with the task of assisting others in their struggle to cope with death and dying, this instrument, or some other similar one, should be used to determine the professional's attitude toward death. Such a determination is crucial, because as Kubler-Ross and others have pointed out, if the professional cannot cope with death effectively, he can be of no help to his clients in their time of need. If the professional's responses to the Attitude Toward Death Scale indicate that he has difficulty thinking about death, courses in death education should be made available to remedy the situation.
6. Future research should be undertaken, utilizing this instrument as a pretest and posttest on students taking a course in death education. Such research could illuminate the effect of such a course on the students' attitudes toward death.
7. Future research should investigate the relationship between a person's attitude toward death and his mental health.

8. Schools, churches, and mental health agencies should offer courses designed to help parents develop favorable attitudes toward death because the research indicates that the children's attitude toward death is related to the attitude of their parents.

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APPENDIX A

THE QUESTIONNAIRE AND ATTITUDE TOWARD DEATH SCALE

QUESTIONNAIRE ON ATTITUDES TOWARD DEATH

This questionnaire is part of an individual research project on High School students attitudes toward death. The purpose of this project is to gain greater understanding of how students feel about this sensitive area so that the schools can better respond to your needs. Your cooperation is essential to the success of the project. Thank you for your time and help.

Charles R. Mojcek - Guidance
Counselor - Fr Lopez H.S.

The following items are not intended to test your knowledge. There are no right or wrong answers. Your responses are anonymous.

Part I. Read each question carefully. Please answer all of the questions by checking the answer that comes closest to your own opinion or situation.

1. Which three of the following list most influenced your present attitude toward death? Indicate the major influence by marking "1"; second by "2"; third by "3".

____Death of someone close

____Specific reading

____Religious upbringing

____Introspection and meditation

____Ritual (e.g. funerals)

____Religion course

____TV, radio, or motion pictures

____My health

____Other (specify)

2. When you were a child, how was death talked about in your family? (Check one)

____Openly

____With some sense of discomfort

____Only when necessary and then with an attempt to exclude the children

____Never recall any discussion

3. In what age group were you when you first attended a funeral?

____Under three

____Preschool

____Elementary

____Jr. High

____Sr. High

____Never

4. How much of a role has religion played in your attitude toward death?

____Very significant role

____A rather significant role

____Somewhat influential, but not a major role

____A relatively minor role

____No role at all

5. If it were entirely up to you, how would have your body disposed of after you have died? (Check one)

____Traditional Burial

____Cremation

____Donation to medical school or science and then burial

____I am indifferent about this

____Other

6. How important do you believe mourning and grief rituals are for the survivors? (Check one)

____Extremely important

____Somewhat important

____Undecided

____Not very important

____Not important at all

7. Courses in death education should be:

____A required course for all students in High School

____Available as an elective for all students in high schools

____Should not be taught

____No opinion or not sure

PART II

Read each item carefully. Place a check mark next to each item with which you AGREE. Make no marks next to items with which you DISAGREE.

1. (249)____The thought of death is a glorious thought

2. (247)____When I think of death I am most satisfied

3. (245)____Thoughts of death are wonderful thoughts

4. (243)____The thought of death is very pleasant

5. (241)____The thought of death is comforting

6. (239)____I find it fairly easy to think of death

7. (237)____The thought of death isn't so bad

8. (235)____I do not mind thinking of death

9. (233)____I can accept the thought of death

10. (231)____To think of death is common

11. (229)____I don't fear thoughts of death, but I don't like them either

12. (227)____Thinking about death is overvalued by many

13. (225)____Thinking of death is not fundamental to me

14. (223)____I find it difficult to think of death

15. (221)____I regret the thought of death

16. (219)____The thought of death is an awful thought

17. (217)____The thought of death is dreadful

18. (215)____The thought of death is traumatic

19. (213)____I hate the sound of the word death

20. (211)____The thought of death is outrageous

PART III

Please check the appropriate response.

1. What is your sex? ____Male ____Female

2. To what racial group do you belong?

____Caucasian ____Oriental ____Negro ____Other

3. What religion does your family practice?

____Protestant ____Jewish ____Roman Catholic ____Eastern Religion

____None

4. How religious do you consider yourself to be?

____Very religious
____Somewhat religious
____Slightly religious
____Indifferent
____Anti-religious

5. What effect has this questionnaire had upon you?

____It has made me somewhat anxious or upset

____It has made me think about my own death

____It has reminded me how precious and fragile life is

____No effect at all

____Other (specify)_____

Please feel free to write about your own feelings on death on this paper.

APPENDIX B

SUGGESTIONS FOR TEACHERS OF THE COURSE IN DEATH EDUCATION

SUGGESTED COURSE OUTLINE FOR SIX-WEEK COURSE IN DEATH EDUCATION

The first few sessions should be primarily teacher-oriented. Due to the sensitive nature of the subject, it is important that the teacher set an appropriate tone. First, the teacher can assuage some fears and uncomfortability by noting the general difficulty that people have with the subject of death. Then, he can discuss his own attitudes about death, and how he became interested in the subject. At this time he can invite the class to share some of their feelings on the subject. Such questions as "Why do people feel the they way do about the subject of death?"; "Has anyone close to you ever died?"; "What are your feelings about death?"; or "Why should we study about death?" may help to open the discussion. The objective of these first few sessions is for the teacher to help the class overcome its initial fears and establish an atmosphere of openness.

After these first few sessions, the format of the class could generally be a lecture or assigned reading followed by small group discussions on the topic. The following are possible topics:

1. Kubler-Ross' Five Stages of Dying - Dr. Kubler-Ross is a pioneer in the field of thanatology. Her research

with the terminally ill patients can be an excellent catalyst for discussion on how one would deal with a loved one who is dying. Through increased understanding of the reactions of the dying persons, the student may feel more comfortable with them.

2. Euthanasia and "Death with Dignity" - The recent well-publicized case of Karen Quinlan has brought these topics to the forefront. Should a person be kept alive by extraordinary means when there is almost no hope of recovery? Who decides when to "pull the plug"? What would you do in such a situation? These questions and others can help the student be more aware of his ideas on the subject.

3. When Does Death Come - Due to recent advances in medical technology, the old definitions of death seem inadequate, as the Quinlan case illuminated. A guest speaker, such as a medical examiner or coroner could be most informative at this time.

4. Comparison of the American Funeral Practices with Those of Other Countries - In order to better understand how our culture deals with death and the reasons behind our funeral practices, some student research could be fruitful. Studying the practices of other cultures may provide insights into alternative ways of dealing with death.

5. Grief and Mourning - This very important topic should be dealt with at some length. The importance of dealing with grief in a healthy way has already been mentioned. Presentation of the symptoms of grief and its significance can be very helpful. It is at this time that some students who have suffered losses may be able to express some of their feelings, if they have not already done so.

6. Suicide - As mentioned earlier, the rising rate of suicide in the adolescent years necessitates explanation of its causes and possible preventitive measures. By becoming aware of the reasons for suicide, the student may be alert to potential problems in his friends, family and himself.

7. Approaches of Various Religious Traditions to the Problem of Death and Afterlife - Student research can be fruitful here to illuminate some of the richness of the religious traditions. By approaching the topic in an historical rather than religious manner, the students can benefit from the insights of the religious interpretation of death and afterlife while remaining within the boundaries of the present law concerning religious teaching in public schools.

There are numerous essays, poems and short stories on the subject of death that can be used throughout the course

to deepen the students' awareness of the experience of death. Or, some time could be devoted exclusively to a topic such as "The Treatment of Death in Literature."

Experimental Orientation

Many students fear hospitals, funeral homes, etc., because of their association with death and sickness. By providing an opportunity to visit these institutions and become familiar with their operation, these fears can be overcome. The student can be more objective during a field trip because he has no personal interest at that time (i.e., he is not going to visit a sick friend, pay last respects, etc.). Thus, when the time does come, he will be better prepared.

1. Hospital Tour - Hospitals have grown so large that they have acquired a "mysterious aura". A tour may be helpful to familiarize the student with the hospital's function and personnel.

2. Nursing Homes - Since this is the environment in which so many of the aged live, a trip to a nursing home can provide the students with first-hand experience of people close to death. Further, it may sensitize them to the plight of our aged while giving the old people some needed companionship.

3. Funeral Homes - Many high school students have never been to a funeral home. Like hospitals, funeral homes are a place of mystery. Talking to people who deal with death every day and getting a "behind the scenes" look, can be most enlightening.

4. Cemetery - A field trip to an old cemetery especially can serve to provide a "feel" for the ways in which people have attempted to deal with death. Various monuments and epitaphs on tombstones can provide insight into the feelings of the dead person and their families.

Student Activities

1. Questionnaire Surveying Adult and Peer Attitudes about Death - Such a survey of attitudes can help reinforce the discussions about the way our culture tries to cope with or escape from the problem of death.

2. Values Clarification Exercises (Sidney Simon) - For example, epitaph writing. The student is confronted with the question, "What do I want to be remembered as being, or accomplishing, after I'm dead?" Hopefully, he will take a more serious and long-range perspective about his life's goals and the means to attain them. Another example is the "Twenty-Four Hours (a Week, a Year, etc.) to Live" Exercise. By looking at what he would do with only a day

to live, the student may gain insight into those things that are of real value and importance to him.

Conclusion

By taking a realistic and honest approach to death education, we may help our young people come to the realization that the question of death is ultimately the question of life. As Abraham Maslow pronounced after his near-fatal heart attack:

> One very important aspect of the post-mortem life is that everything gets doubly precious, gets piercingly important . . . if you're reconciled with death, then every single moment of every day is transformed because the pervasive undercurrent -- the fear of death -- is removed.

Hopefully death education will plant the seeds of this awareness in our students and our society.

Suggested Textbooks

1. Montgomery, M. Death: End of the Beginning? Minneapolis: Winston Press, 1972. (For Short Course)

2. Wilcox, Sandra G., and Sutton, Marilyn. Understanding Death and Dying: A Multidisciplinary Approach. Washington D.C.: Alfred Publishing Co., 1977. (For Long Course)

APPENDIX C

SELECTED QUOTATIONS FROM STUDENTS' COMMENTS ON DEATH

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About thirty students felt a need to write about their feelings toward death. The following quotations were selected from their remarks.

On death:

> It is not to be feared and, in fact, looked forward to after a full and complete life.
>
> Death must be accepted. It happens, but it also issues a challenge from the unknown to each person.
>
> Death is something that just can't be avoided and the sooner a person accepts this, the happier he will be.... A person should just live life to the fullest, even if it involves risks. He should contemplate on it once in awhile but not for too long.
>
> I do not like to think of death realistically.
>
> In a way, I'm looking forward to death because then I feel I will be fulfilled, and understand a lot of things I never have before.
>
> Death should be thought of as a whole new experience which people should accept.

On dying:

> I feel better thinking of my own death than it happening to one that is close to me.
>
> I'm more afraid of other people dying than myself.
>
> I'm just afraid that I'll suffer or die in some awful tragic way.

On Afterlife:

If you live a good Christian life on earth, you will find peace and happiness after death.

I'll finally see my Lord face to face and I'll feel all the love and joy of God to the fullest.

I consider death to be a stepping stone to the after-life. We realize what God and infinity is.

The Catholic faith tells of a new life. It's a scary thing, but it's better than thinking when you die there's nothing but dark, black nothing.

I think death is not a terrible thing because I'm ready to meet God. Death is only hard on the ones left.

On Funerals and Mourning:

Mourning sometimes helps people realize how great life is and how to be more loving toward one another.

Mourning is good for one thing -- you get all the sorrow out. But then again its useless because its not going to change things at all.

The mourning and grief period following a death is what scares children away.

Funeral homes make death too commercialized.

Funeral homes are the worst about de-humanizing the body.

On Death Education:

I feel that a death course is important, but it should be more personal and understanding to those who have experienced a death.

Since this death course I am no longer afraid to die. Every one should be able to take some sort of death course.

I don't feel it was necessary to show high school students the medical aspects of death.

I feel that when we were taught death, it was morbid and uncalled for. I feel it scared more people than had people accept the thought.

Why?

I feel it's really stupid to fill out questionnaires about death. What are you going to gain from it?

I really would like to know why someone would bother studying about death and why it is so important because I feel that when you go, you go.

RECORD OF COURSE WORK

NAME: Charles R. Mojock

ADDRESS: 411 North Halifax Avenue, Daytona Beach, Florida 32018

UNDERGRADUATE DEGREE: B.A., St. Mary's Seminary and University - 1974

GRADUATE MAJOR: M. A. Education (Guidance)

TITLE OF THESIS: A Course In Death Education As A Factor In Influencing Attitudes Toward Death of Juniors Enrolled In A Parochial High School

GRADUATE COURSES

No.	Title	Date	Professor
Psy 501	Tests & Measurements I	4/76	Kindred
En 506	Philosophical Bases & Principles of Guidance	4/76	Nordmann
Psy 508	Personality Developement in the Classroom Setting	1/77	Ludvigh
En 505	Philosophy Education	1/77	Morland
En 507	Educational and Vocational Guidance	3/77	Nordmann
En 509	Counseling I	4/77	Hood
En 510	Counseling II	4/77	Hood
En 511	Group Methods	1/78	Kyser
En 521	Research Methods in Education	1/78	Morland
En 555	Thesis	3/77	Morland